

PSYCHD

**How young men's masculinity affects and is affected by the counselling process
a psychosocial analysis**

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**How young men's masculinity affects and is affected by the counselling process:
A psychosocial analysis**

by

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**A thesis submitted in partial fulfilment of the requirements for the degree of
PsychD Counselling Psychology
Department of Psychology**

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Abstract

In the UK, proportionally fewer men attend counselling and psychotherapy services (British Association of Counselling and Psychotherapy, 2014; NHS Digital, 2018). Suggesting externalising expressions of distress, authors cite the increased rates amongst Western men of: completed suicide (Scourfield, Fincham, Langer, & Shiner, 2012), violence (Evans & Wallace, 2008), homelessness (Inckle, 2014) and substance misuse (Kiselica, Benton-Wright, & Englar-Carlson, 2016). Positioning masculinity as affecting the counselling process, this thesis addresses the question of how young men's masculine identities interact with the counselling process and contextualises the impact of counselling on these identities.

A qualitative, psychosocial narrative methodology (Hollway & Jefferson, 2013) and photographic elicitation was chosen to investigate the intrapsychic, interpersonal and wider social components of identity and gender (Evans, 2010). Eight men who attended at least 12 sessions of counselling or psychotherapy were twice interviewed. Categories emerging related to: needs and concerns around being in counselling whilst maintaining masculine identity; showing and acknowledging distress; negotiating counsellors' subjectivity and professional authority; personal authenticity; and the effect of the researcher. Results suggest anticipated or actual power differentials between counsellors and clients can be addressed before and during counselling. Relational factors inside and outside of the counselling relationship, and the opportunity to express emotions seems to hold greater significance for masculine identities rather than practical or action-focussed elements. The specific demographics of participants are discussed along with wider implications regarding the barriers in accessing psychological support, how counselling services are represented and promoted, the training of counsellors and future research within the complex and dynamic topics of masculinity and help-seeking.

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1. Introduction

1.1 Thesis structure and overview

The thesis begins by addressing the complexities of defining masculinity. Some perspectives are provided, under the titles of: biological, psychological, and anthropological and sociological. This thesis positions the essences of masculinity to become represented through everyday practices and interactions, hence literature highlighting discursive practices involved in the re-creation and affirmation of masculinity is then reviewed. Drawing ideas together, the definition of masculinity operationalised in this thesis is provided. Following further literature around gender, distress and help-seeking behaviours, the relevance of masculinity to counselling psychology is covered, along with the thesis purpose, aims and research questions around the main topic to be addressed: how young men's masculine identities interact with counselling. This question relates to the versions of masculinity brought to counselling and how they affect the process – from decisions to attend to engaging in counselling work, and how counselling impacts young men's masculine selves.

The method and methodology section begins with a detailed examination of the epistemology. Psychodynamic and psychosocial approaches to research are illustrated, with Hollway and Jefferson's (2013) psychosocial approach to interview and analysis most utilised: a double-interview procedure with an open format, focussing on both biographical history and the wider social context of the research topic. My (the researcher's) own position and relationship to the research topic is clarified. Details of research procedures, use of photographic elicitation, interview method and stages of analysis are then provided. Participant information and reflections on their demographic categories conclude the section.

The results section is divided into stages. The first stage, Analysis A, corresponds to

categories emerging mainly from participants' first interviews: historical attachment patterns, social development and internalised expectations pertinent to the development and performance of masculine identity in the context of help-seeking and later attendance at counselling. Subsequent stages examine categories emerging mainly from second interviews: how participants' masculine identities interacted with their attendance and initial engagement in counselling (Analysis B), followed by the influence of counselling on their masculine identity and gender expression (Analysis C). Summaries and tables of categories are provided. In the discussion section, results are summarised and linked to previous literature, along with my experiences of undertaking the research and conducting interviews with this specific group of men, and wider implications for practice and future research.

The terms *counselling*, *therapy* and *psychotherapy* are used throughout. The former is most represented for consistency and where similarities in practice are apparent.

1.2 Perspectives on masculinity

There is much debate as to what gender is and how it is created, theorised or deconstructed. In everyday practice, masculinity is often conflated with the behaviour of men. Reflecting this, such a simplistic definition may sometimes be relevant to this thesis, but the ambiguity and variation behind the relevant terms needs to be acknowledged. To begin, whenever the terms *masculinity* or *masculine identity* are used rather than *men* or *males*, an identity subject to variation and change is acknowledged, and the contested linkages of masculinity to genetic or biological factors (such as sex) are side-lined. When highlighting its constructed aspects, gender may be near-fully separated from biological sex: one's sex by birth (if clear) may or may not match one's later gender displays or gendered identity.

Whilst multiple gender identities, including fluidity or rejection of classification are becoming increasingly available for expression and recognition, most people consider themselves either male or female (Richards et al., 2016). Gender differences in identity are

often taken as default with no explanations of origin (Eliot, 2010). Some suggest highlighting differences does not necessarily privilege identities but can acknowledge diversity (e.g., Seager, Farrell, & Barry, 2016). However, where generalisations are drawn they often relate to Westernised, heteronormative identities which risk being privileged as a reified, background standard (Kimmel, 2016) whilst other intersecting identity categories are ignored (Vogel & Heath, 2016). Hence, intersectionality (Crenshaw, 1991), the multiplicity of individual identities, and the notion of greater variation within genders enriches the topic (e.g., Carlo, Roesch, Knight, & Koller, 2001; Neave & O'Connor, 2009). Furthermore, as will be expanded, discourses of gender can automatically justify themselves and form what is created into being, such as through implications of naturalness, without need for explanation (Graham, 2005).

Contemporary conceptualisations consider intrapsychic, interpersonal and wider social factors (Evans, 2010) in contexts contributing to masculine identity, performance and re-affirmation. Constructing, affirming and deconstructing identities may be done by the person concerned, by others or as a cultural group.

Attempts to define masculinity through biological, psychological, anthropological and sociological perspectives as well as within discursive practices will now be covered, before clarifying a working definition to be utilised throughout this thesis. Through indicating the apparent cross-overs and contradictions between perspectives, it should be clear how the operationalised definition has been arrived at.

1.2.1 Biological perspectives on masculinity

Whilst the notion of gender identity and behaviour as having full correspondence with biological sex is outdated, adopting a realist stance on a naturalness of gendered behaviours has relevance when considering a relationship between masculine identity, and behaviours, thoughts and feelings of those identifying as men. As will be further discussed, not fully

discarding such biological (or anthropological) viewpoints can become pertinent to respecting individuals' sense of their gender identity as authentic and right for them.

Studies have connected genital and hormonal genetic disorders at birth to later gender transition (Reiner, 2005), which may be more common amongst intersex people who were seemingly incorrectly assigned at birth (e.g., Kreukels et al., 2018). Other researchers consider genetically induced foetal testosterone levels and its impact on subsequent development (e.g., Baron-Cohen, 2002). Research involving female children with congenital adrenal hyperplasia – where adrenal glands are enlarged producing high testosterone and potentially affecting genitalia development – suggests correlations to: gender dysphoria (Berenbaum & Bailey, 2003); increased aggression (Pasterski et al., 2007); preference for *masculine toys* (Servin, Nordenström, Larsson, & Bohlin, 2003); *cross-gender role behaviour* and less *comfort with femininity* in adolescence (Zucker et al., 1996). The loaded nature of these terms should be noted: researchers themselves define and separate gender-typical behaviour and toys. Pasterski et al. (2007) also found that parents gave more positive feedback to girls with congenital adrenal hyperplasia playing with *girl-type* toys, as if compensating for their otherwise stereotypically masculine behaviour.

Several studies suggest differences in brain connectivity, such as increased connections within hemispheres in men's brains and between hemispheres in women's (Ingallhalikar et al., 2014). Such claims, particularly when dispersed through media become heralded as explaining apparent differences such as in motor skills, aggression, empathy and creativity. This is despite differences being either minimal, heavily weighted on averages or not replicable, whilst conclusions drawn may be questionable or over-interpreted (Eliot, 2010). For instance, levels of testosterone may be prompted by behaviour and lifestyle (Fine, Jordan-Young, Kaiser, & Rippon, 2013) or altered in experimental conditions: van Anders, Steiger, and Goldey (2015) induced increased testosterone in men and women by using a

game which involved dismissing a subordinate employee. Hence, differences found may more reflect plasticity rather than innate predispositions. Attempting to find clear differences also fails to acknowledge: the spectrum of contemporary gender identities including those which reject gender in-part or altogether (Richards et al., 2016); the instability of traits over time (Vogel & Heath, 2016); the relevance of other intersecting identities or the impact of changing social practices and dominant discourses on identity (e.g., Edley, 2017).

Hollway (2006) takes a viewpoint on childbirth and nursing as representative of how a father or another figure is inevitably other to the mother-newborn dyad and encourages separation. Genetic tendencies towards the roles of motherhood and fatherhood may appear relevant, yet the elusiveness of conclusively finding biological correlates should perhaps be celebrated.

1.2.2 Psychological perspectives on masculinity

1.2.2.1 Psychoanalytic conceptions

Across cultures, gender has been enacted, parodied and played with throughout history (Weeks, 2017). Victorian values re-established gendered positions and instilled prevailing notions of otherness and deviancy to those not conforming (Weeks, 2017). Early psychoanalytic theories then began to question the nature of psychic experience and reality, developing in a context where femininity was largely theorised as a failed version of masculinity (Gardiner, 2012). This initially served to further dichotomise gendered positions without emphasis on environmental and sociological features. Instead innate, universal *libidinal drives* (including *phallic stages*) were conceived as needing fruition, and non-heterosexuality was maintained as deviant.

Karen Horney (1967) proposed womb envy, denied and resisted as shown by men's "need to disparage women, accuse them of witchcraft, belittle their achievements, and deny them equal rights" (Engler, 2009, p. 117). With focus moving towards environmental components

of development, Winnicott (1960) theorised an indistinguishability between mother and infant psyche and body. Greenson (1968 as cited in Gaitanidis, 2012a) conceptualised a *double-disidentification* whereby infant boys are encouraged to individualise and further reject maternal care, compassion and submissiveness in favour of autonomy and identification with the independent father.

Benjamin (1988) later conceptualised the place of *recognition* within the mother-child bond. Mothers (and others) may be less likely to encourage or expect their own needs and subjectivity to be recognised by the male child, who is invested in defending himself from infantilising maternal care. For Benjamin, much of patriarchy equates with males seeking worshipful recognition without reciprocation – hence men's emphasis on their assumed rights to powerful positions as if default, and perceiving women's greater likelihood of submission (e.g., Baxter, 2010).

Equivalently, it is suggested that narcissism can be more accepted in men (e.g., Lunbeck, 2014), and echoism and accommodation to others in women (Savery, 2018). Some research suggests an attachment style of dismissal and externalisation more common to males, and dependency and internalising more common to females (e.g., Barry, Seager, & Brown, 2015; Schmitt et al., 2004). Dismissal of others may result in a lack of self-care through not recognising others as sites of both burden and comfort (Hollway, 2006). In this context, distress can be framed as an ignoring of emotional or attachment needs and not seeking, or actively avoiding, care and support. Notions of rejecting or ambivalence towards femininity (Garde, 2003) become apparent, creating *and* responding to women's historically subordinated status (Johnstone & Boyle, 2018). Developing Benjamin's work, Hollway and Jefferson (1998) suggest that masculinity may seek to confer power, hegemony and sexual accomplishment but fundamentally defend against emotional vulnerability, intimacy, dependency and the risks inherent in emotional attachment to others. Epistemic trust, or

willingness to learn from others, and the connection with one's vulnerable, dependent self may be compromised (Fonagy & Allison, 2014) and hence felt threatening to the masculine sense of self, which in turn is contingent on influential social norms and prevailing social discourses (Lupton & Barclay, 1997).

1.2.2.2 Masculinity as learnt

Despite the prominence of conceptions of environmental components in gender identity development, there remains resistance and animosity to this viewpoint. Or, a limited awareness and complicity amongst parents, carers and wider society as to how boys are encouraged to be masculine and girls feminine. Yet different treatments, parenting styles, everyday encounters and the messages children receive constitute subtle, myriad sites where gender is cumulatively learnt and continually reinforced.

Amongst their participants, Johnson, Caskey, Rand, Tucker, and Vohr (2014) found mothers respond more to infants' vocalisations than fathers. Between infants' sex, mothers responded preferentially to girls from 0-44 weeks, and fathers preferentially to boys at 44 weeks. Between 1-3 years, clear differences in toy preferences begin to emerge (Alexander, Wilcox, & Woods, 2009), with boys increasingly showing a deliberate, effortful avoidance of feminine toys and behaviours (e.g., dolls, dancing or asking for adult help). This may be encouraged by adults whilst girls may unobtrusively remain interested in toys and behaviours deemed boyish (Eliot, 2010). *Rough-and-tumble* and hierarchical types of play are more common amongst boys, whilst girls' play is often more co-operative (Harbin, 2016; Lindsey & Colwell, 2013). Mondschein, Adolph, and Tamis-LeMonda (2000) found that mothers of 11-month old infants showed bias in expecting their sons to be more capable (than daughters) to crawl down a steep slope, despite there being no actual gender differences in the infants' measured physical ability. In another much-replicated study (Eliot, 2010), adults are tricked into believing an infant is another gender and the interactions

between them are observed, which show a tendency towards the adults encouraging functional toys with infants in blue clothing and toys related to care for infants in pink (C. Smith & Lloyd, 1978). Notably, participants felt they were responding to the child's own choices and believed they would not have responded differently to the child if thought to be of the other sex.

How children's behaviour is labelled and described (e.g., as *angry* for boys) also differs (Eliot, 2010). Highlighting myriad examples, Richards (2017) showed modern, popular toy stickers branded for boys consisting of words such as *strong* and *brave*, appearing in obvious contrast to those marketed for girls such as *princess* and *helper*.

As well as highlighting the significant brain plasticity of infants, Fine (2010) provides examples of children being *gendered* even before birth (e.g., painting a room blue; talking to babies in utero). In other words, masculinity develops through expectations to be stoic, competitive, dominant and self-reliant which are internalised through familial practices, education, media, institutions as well as through ongoing *policing* in peer groups ensuring that individuals displaying non-conformity are silenced, bullied, ridiculed or rejected (Frosh, Phoenix, & Pattman, 2002).

1.2.2.3 Formulating trait lists and essences of masculinity

Initially developed through college student participants from the USA, O'Neil, Helms, Gable, David, and Wrightsman (1986) created the *gender role conflict* scale, suggesting that whilst the traditional, pervasive features of masculinity may appeal (termed hegemonic, heteronormative or hyper- masculinity), over-identification with masculine norms can cause shame, confusion and distress when individuals feel they have violated or cannot obtain them, or conflict with a sense of self and with other needs such as emotionally relating and caring. Other trait-lists of masculinity's essences have been created, often with cross-overs in traits considered (e.g., Bem, 1981). Another frequently used scale is the *male role norms*

inventory (Levant et al., 1992) which expanded on the work of O'Neil et al. (1986) and highlighted 7 themes, again most pertinent to Western masculine identities:

- avoidance of femininity;
- homophobia;
- self-reliance;
- aggression;
- achievement/status;
- attitudes toward sex; and
- restrictive emotionality.

Whilst such trait-lists acknowledge the socialisation process, again there is little to accommodate for the nature of endorsing these norms, individual differences or instability over time. Likewise, trait lists cannot describe or encompass what this socialisation is and how it may be under continuous re-negotiation in different contexts. They may be most relevant to North American college students (Vogel & Heath, 2016) and hence risk being inappropriately heralded as default and not accommodate markers of other cultures. Such lists also appear overly simplistic: for example, homophobia in some individuals may externalise other thoughts and feelings which are restricted. Problematically, such lists often imply the exclusivity of these traits to men, rather than explicating how and why these traits may also be demonstrated by women.

Relevant to a working definition to be specified, the formulation of traits of masculinity may be considered useful but require the stipulation that traits are only contextual, subject to change and not necessarily exclusive to men. However, some traits could be considered more prominent, expected or likely amongst those identifying as men. Despite objections to

finding trait lists, Edley (2017) identifies a consistency of wishes for non-femininity, strength, influence over others and fearlessness. To add to these, I would also suggest themes of defences against rejection, avoidance of expressing vulnerabilities interpersonally, sought-independence and self-reliance can also be considered consistent. Meeting a need for approval and to defend from rejection, such expectations are fiercely internalised. These appeals are considered most prominent amongst young men, forging their independence and place in social hierarchies (Isacco, 2015; Johnstone & Boyle, 2018; Korobov, 2011; Levant, Majors, & Kelley, 1998).

Chu, Porche, and Tolman (2005) emphasise that whilst achieving aspects of hegemonic masculinity may provide young men with some degree of self-esteem, concepts of interpersonal openness, honesty, “mutuality, humility, and authenticity” (p. 110) may be incompatible. Hegemonic forms of masculinity can therefore be described as functional, and yet potentially *toxic* (e.g., Edley, 2017) when applied to individuals and society.

1.2.3 Anthropological and sociological perspectives on masculinity

In 1933, anthropologist Margaret Mead (as cited in Gewertz, 1981) began studying the Chambri people of the South Pacific. Notable was the women's appearance as providers: fishing and bartering whilst men took involvement in family life, earthenware-making and food preparation. Anthropologists later questioned suggestions of traditional role reversals, acknowledging some lack of a dominant gender amongst the Chambri, yet otherwise observing gendered labour divisions, for instance the political life of villages in control of men (Gewertz, 1981). However, Mead's work furthered the notion of cultural practices which can surpass or at least complexify traditional notions of gender divisions.

Some suggest evolutionary reasons for gender differences, citing ancestral pasts where competition for resources and threat from predation influenced behaviour, with risk taking, bravery and self-sacrifice conferring evolutionary advantages. For Buss (2012), fundamental

differences relate to cost-benefit factors around proliferating genes, notably promoting survival during pregnancy and childcare for women, and responding to uncertainty in paternity. Put simply, women could stay home, nurse children, prepare food and upkeep shelter whilst men could take risks and procure food. Indeed, this same feature applied during industrialisation where factory-working men were expected and poised to work under appalling, dangerous conditions or go to war – their bodies sites of ownership for predominantly state-run institutions (Edley, 2017). The family's material and health needs were contingent on the roles of mothering and men's work (Weeks, 2017). Hence, there were fixed and constrained subject positions available for people when conceived as being under state and institutionalised practices of power (Foucault, 1976/1981): deviations may have threatened the health and wellbeing of one's family and position of social respect. Homosexuality was illegal, and positions were set predominantly according to sex, social class and ethnicity (Weeks, 2017).

The losses of manufacturing and mining industries and proliferation of consumerist, service and information-based economies in the West has meant changes in work practices towards what some have even described as a *feminisation* of work (e.g., Standing, 1999). The male identity of production-worker and provider is contrasted with other aspects of modernity, for instance in family involvement, childcare and relationships (Connell, 2005; Kimmel, 2016). Masculinity remains performed and yet in some forms obsolete, perhaps contributing to media reports (e.g., Raisin, 2017) and conceptions of a *crisis* of men and masculinity (Horrocks, 1994; Tiger, 1999). However, sites such as work remain gendered as shown through pay disparities, *glass ceilings* and remaining differences in proportions of men and women working in specific professions as well as their experiences within them (e.g., Goodrich, 2016; Swain, 2014).

Baxter (2010) highlights how women negotiate historically *male-dominated* environments, noting how these environments or even the use of such terminology often “considers that males are the natural born leaders and that women perform an excellent support and back-up service” (p. 18). Baxter frames underlying phenomena: “males are viewed as rational, independent, competitive and confrontational, while females are seen as more irrational, dependent, co-operative, passive, and conciliatory” (pp. 43–44) with men utilising authority, aggression, humour and boasting. Edley (2017) also highlights a function of masculinity in protecting privilege and legitimising practices; luxuries gained by positions of power dependent on the subordination of others, for example employees subject to exploitative work practices. In a popular book, Sandberg (2013) writes how women may be economically disadvantaged if raised to be unsure, humble, well-mannered and quiet.

However, hooks (2013) and Richards, Barker, Lenihan, and Iantaffi (2014) consider how particular groups are automatically granted more autonomy to self-identify or question gender norms, whilst others may be expected to fulfil certain gender roles and maintain the status quo such as through motivations to keep employment or social standing. Describing masculinity as symbolic violence, Bourdieu (1998/2001) furthers his concept of cultural capital, with historic gender norms questioned by those who can socially afford to.

Schmitt et al. (2004) undertook a large scale cross-cultural study, finding that whilst dismissive attachment styles were commonly seen in men, they are not universal. Higher fertility rates and national health indexes mitigated such differences but *progressive sex role ideologies* and *gender equity* (as described by the authors) did not. Hence, as well as cultural ideologies, certain social and economic conditions may influence the expression of gender.

Moving beyond simplistic notions of uniformity, stability and rigidity, and developing conceptualisations of gender as in flux and continuously re-negotiated (Butler, 2004; West & Zimmerman, 1987), Connell (1987, 2005) described *hegemonic masculinity* not as a fixed

set of traits per se but as a certain feature displayed by men in different hierarchical contexts. For example, a person classified as a working-class factory worker may demonstrate attributes differently to an upper-class banker. Connell promoted the notion of power and subordination of others as central, alongside masculinity's continual re-affirmation such as through denigration of others: other men, women, non-heterosexuality or those with limits on the ideal such as through disability. Connell focused on individuals as complicit through valuing, justifying or accommodating hegemony rather than suggesting some can permanently occupy a masculine ideal. Complicity may be seen in myriad day-to-day practices: sexist or misogynistic comments, *gay jokes*, approval of dominance, not challenging hegemonic practices etc. Similarly, Edley (2017) suggests the need for constant striving towards an unobtainable masculine ideal may contribute to the violence, delinquency and anger seen in some men who do not qualify or have available the supposed life of masculine luxury (material possessions, obliging women, status, respect etc.). With young men witnessing the lives of heroes through media, role-models and peers, they are very directly faced with an unachievable way of being.

A description of masculinity as problematic for individual men, as related to impaired help-seeking or emotional discharge in aggression and misogyny has become topical (e.g., Warraich & Califf, 2017). Some take issue with society's expectations and suggest men to be inappropriately blamed individually. Rather than positioning masculinity as privilege, some emphasise the damages caused by socialisation on men's psychological and physical health (Benatar, 2012; Farrell, 1993; Seager et al., 2016). Topics referred to include: the educational under-achievement of boys in school (Stoet & Yang, 2016); lower funding for men's health issues (Benatar, 2012); alleged discrimination in parental rights (Poole, 2013); and increased actual suicide rates, prison population and substance misuse (Kupers, 2005; Seager, Sullivan & Barry, 2014). Critics point out that positioning men solely as victims

risks trivialising systemic advantages, or misses how patriarchy interacts with the pressures men face (Edley, 2017; Sanauddin, 2012) or how men themselves may be complicit to subordination of other men (Connell, 2005). This is not to imply that the experiences or expectations of men are fully self-imposed, only that these pressures interact with sociological processes and complicity to wider practices of power, control and reinforcing of the status quo.

Complicit reinforcing of hegemony has been rightfully questioned when masculinity is equated with legitimatising power and subordination of other groups, which potentially involves violence, abuse, sexual harassment or assault, homophobia and racism. Or, when responsibility for abusive behaviour risks being conveniently displaced away from individual men to society, with feminism a common target (Chamberlain, 2017; Flood, 2012). If groups of men have benefited from privilege, there may be an empathy block whereby aspects of some men's own experiences may be so far removed from those of subordinated groups whose voices become marginalised. Kimmel (2016) suggests Western masculinity itself may go unnoticed as it appears default, archetypal and background, due in part to a lack of discrimination and a created sense of naturalness. If this view of androcentrism is taken, describing masculinity itself as in crisis (e.g., Raisin, 2017) could also represent a mourning of the loss of patriarchy, privilege, attention and public recognition formerly unquestioned, as well as a cultural re-framing of what masculinity means to both individual men and men as a whole.

1.2.4 Discursive practices involved in re-creation and affirmation of masculinity

As alluded to, this thesis positions masculinity as a variable identity – or a dynamic between underlying authenticity and external demands – as well as a practice under continual re-negotiation. Before formally specifying the definition of masculinity operationalised in this thesis, it is worth briefly considering the ways in which masculinity is done as a

practice. Discourse analysis is an approach which considers such subtleties of interaction and frames how subjectivity becomes bound within culturally-ascribed common and dominant narratives/discourses, the impact of which re-creates subject positions and constrains individual meaning-making (Willig, 2008).

For Wetherell and Edley (1999), masculinity may be affirmed by separating oneself from conventional notions of masculinity itself, or proudly flaunting one's "activities which are constructed as unusual" (p. 347) for one's gender. Pleasants (2011) interviewed men undertaking a women's studies course in the USA and highlighted discourses seemingly ensuring privilege: denying oppression, reactions to personal challenges with anger, generalisations about female peers and defending intention instead of underlying implications or consequences (e.g., giving up seats for women). McDowell (2015) did not find such talk of distinguishing from colleagues amongst a small group of male nurses in Northern Ireland, although she did not conduct individual interviews.

Some men refer to a naturalness or nature-of-men to justify positions (e.g., Pleasants, 2011; Walton, Coyle, & Lyons, 2004). As mentioned, masculinity has often been conceptualised as oppositional to femininity and yet contingent on *emphasised femininity* whereby women are expected to be subordinate and responsive, including to sexual advances (Connell, 2005). Korobov's (2011) critical discourse analysis investigated how groups of young men from the USA discursively construct women as problematic or pathological when women demonstrate behaviours contrary to passivity, sexualisation, emotional caretaking and caring. Hints of individual male participants' vulnerability were swiftly countered with external accountability, jocular teasing or dismissal of importance. Other research suggests men may appear, for example, caring but in ways which allow for retractability and dismissal of notions of any psychic or emotional investment (Allen, 2007), such as through citing *provider* obligations or instincts (Korobov & Thorne, 2006).

Knight et al. (2012) interviewed young, Canadian men about sexual health. Here, participants also reverted to colloquial, jocular talk whilst avoiding helpless subject positions of vulnerability. Some participants reported confiding in friends about sexually transmitted infections once in treatment, perhaps assisted by the physical affliction being attributable to sexual success. Attending clinics and contacting sexual partners was framed as *taking control* under a discourse of bravery: participants described a *courage* needed to seek help as *manning up*, seemingly allowing a sustaining of masculine status.

Walton et al. (2004) conducted focus groups of British men with emotions as topic. Emotionality was acknowledged and justified by participants but only in certain contexts: a nightclub for anger; football matches for joy; and times of bereavement for grief. Regarding the latter, privacy was re-emphasised and a notable description occurred from a group member: “it isn’t even the thing of what you think people’ll think of you ‘cause people’ll just forget about it won’t they you just don’t do it yourself [line numbers removed]” (p. 408). Hence, he suggests others witnessing distress may be indifferent or able to sympathise (as others subsequently agreed) but cannot bring himself to display such emotion publicly, whilst seemingly dismissing notions of social anxiety. He implies unsureness of why which suggests a silent, background process, but notions of naturalness and national identity were otherwise drawn to contextualise such limited emotional displays. Markers were used to elicit connected agreement with the policing audience of a focus group. Aside from in solitude, violence was highlighted as representing repressed emotions coming out. When one member made an emotional disclosure regarding a bereavement, a silence followed and a rescuing occurred by another member by reverting “from the specific and personal to the general and abstract” (p. 408), specifically, about masculinity, with authors suggesting other *discursive resources* lacking.

1.3 Working definition of masculinity

The operationalised definition of masculinity to be used throughout the thesis will now be specified. As masculinity is a broad subject, any short, catch-all description is elusive and will struggle to capture the complexities of the topic. Defining gender deserves care and attention, especially as some may feel that a particular definition of what it means to be masculine or feminine, and its close relation to being recognised as a man or woman, does not adequately capture the experiences that they may have struggled with, or properly represent identities which they have likely received criticism, discrimination or aggression for.

As specified, essences of masculine identities can be positioned. Given the variation within and between gender identities seen globally, it should again be acknowledged that these essences predominantly refer to Western standards, which swiftly link to sexuality, class, ethnicity and culture. However, strands do become consistent and these essences are not necessarily reductionistic – particularly if they maintain some ambiguity for the purposes of being applicable in specific contexts where masculinity become apparent. Adopted in this research, one such capturing of these essences is provided by Garde (2003):

- power;
- ambivalence towards femininity;
- domination and objectification of nature and the psyche; and
- avoidance of emotion.

Fear and avoidance of the feminine is considered prominent. For Benjamin (1988), whose work is also influential, this refers to fundamental defences against the place of maternal care whereby identifying with her subjectivity risks involving a loss of the independent, masculine self. This may be encouraged by caregivers (i.e., most particularly for boys) and

reinforced throughout development. But given femininity (or maternal care) as conflated with necessary care and compassion for self and others, continual struggles may need to be made to avoid the feminine as it remains so close by. For present purposes, the focus is the interaction between a flight from the feminine, and a distancing from emotions originally designed to encourage help-seeking (Fonagy & Allison 2014). Hence, this thesis proposes that appropriate care, compassion, recognition and facilitative education may serve as a protection against being subject to a “phantasmatic idealization” (Butler, 1993, p. 313) or psychic investments within a masculine ideology, such as full independence and self-sufficiency. Such psychic investments restrict or facilitate the interpersonal trust required to perceive others as sites of comfort. Whilst predominantly referring to early childhood experiences, later circumstances may either allow individuals their authenticity, or more subject them to demands to show particular sets of traits relevant to their cultural group’s expectations of men (which to varying degrees may be different to those of women).

From this position, and from the notion that contemporary expectations of selfhood merge with the idealised ideology driving masculinity, such as independence, rationality and the unitary subject, it can be suggested that some behaviours otherwise stereotypically masculine or more commonly seen in those identifying and/or identified as men, may also be seen in women. In everyday practice, as well as through visual cues, it may often be a question of volumes, averages and likelihood of traits, identity performances and markers which help identify someone as masculine, or more commonly, as a man. Likewise, an absence or deliberate avoidance of feminine traits – recognition, care, compassion, devotion, openness to dependence – may be considered stereotypically masculine.

If a simplistic definition becomes necessary, it may so far read as follows: masculinity is a set of essences relating to power, domination and avoidance of femininity and emotion.

Psychic defences against rejection, avoidance of expressing vulnerability, sought-independence and self-reliance could also be considered to result from the above concepts. However, is this definition respectful enough as to not trivialise identity, or reduce gender to a set of defensive manoeuvres? For me, this is a significant risk and represents a threat towards respecting people's identity, of which gender can be felt very real and relevant. Hence, I argue for the importance of acknowledging the link between gender identity – however universal, innate and fundamentally natural to personhood that such an identity is held to be – and a person's authenticity. In other words, gender is not regarded as a purely external, social phenomenon. Or rather, gender is not fully discarded as such. For Jenkins (2016), who discusses recognition of trans identities, a distinction can be made between personal gender identity and *gender as class*: what is felt right and authentic for the person in their expression, creativity and unique subjectivity, versus what others expect, allow and demand regarding ways-of-being. As such, identity is subject to social restrictions and partly based on its relationship to a demanded norm. From an early age, one responds to demands, adapting and trialling versions of themselves until something feels right. And yet, for subjectivity to become individualised and fully respected, there should be considered an inevitable disconnect between external expectations, experiences and a sense of self: people are not merely robotising a collection of environmental learnings. It is these ideas which led to earlier suggestions that notions of a naturalness to gender identity should not be discounted.

Hence, the definition is adapted to suggest that masculinity may represent a link between an authenticity – which includes subjectivity, individuality and uniqueness – and what is felt to be acceptable for others to see. These driving forces are in ongoing dynamic: beliefs about how one should appear risk being a threat to one's authenticity, yet both may have some malleability and external influence. Likewise, one's authenticity may be unrelated yet

remain relevant to sex and gender. Being independent, for example, may appear more natural for some women and men and hence should not necessarily be labelled as a masculine position in that context. Yet it may be more commonly expected, permitted and supported for a man to occupy.

For this research, masculinity will be identified through such essences, markers, symbols and indicators of thoughts, feelings and behaviours which collectively contribute to a masculine identity. Emerging questions linked to the definition relate to how adversity and distress is managed, as well as the masculinity of men who do seek help: as will be expanded, given the apparent mismatch between masculinity and the emotional, relational nature of counselling, is it necessary or more common for prospective clients to be less resistant to engaging with help? Or, to be able to navigate and maintain masculine identity whilst receiving help and managing the potential dependence on the helper. An exclusion of men inhabiting other versions of masculinity may contribute to the fewer numbers of men attending services. Alternatively, it could be the case that some men have a degree of protection from the issues most commonly seen in counselling.

1.4 Masculinity, distress and help-seeking

1.4.1 Gender and distress

It is apparent that men tend to under-report emotional distress (Addis & Mahalik, 2003; Johnstone & Boyle, 2018; Liddon, Kingerlee, & Barry, 2017), particularly younger men (Isacco, 2015; Vogel & Heath, 2016). Other research highlights a privacy of distress (e.g., O'Brien, Hunt, & Hart, 2005) and a hierarchy of permitted displays of emotion, with the acceptability of anger and violence also highlighted by Reed (2014). Suggesting generalised differences in expressions of distress, Addis (2008) and Eaton et al. (2012) describe women's internalising or ruminating style and men's externalising aggression, impulsivity and substance misuse, in opposition to the connectedness and recognition of emotionality

otherwise facilitating help-seeking (Gillon, 2008). This has been theorised to explain the increased numbers of male prisoners (Evans & Wallace, 2008), homelessness (Inckle, 2014), completed suicide rates (Scourfield et al., 2012), substance misuse and diagnoses of conduct disorders (Kiselica et al., 2016). With fewer environments to foster emotional processing, young men may defensively split off resulting in difficulty identifying emotional experiences and appreciating personal needs. The term *alexithymia* is used to capture this trait (Strokoff, Halford, & Owen, 2016). However, this implies that women may be protected from distress through greater connection to emotionality and willingness to depend on others for support. Yet statistics indicate an increase in diagnoses such as anxiety and depression in women (Eaton et al., 2012; Freeman & Freeman, 2013). Although men in the UK are more likely to take their own lives, women show higher rates of self-harm, suicidal thoughts and suicide attempts, as seen in most countries (Scourfield et al., 2012).

Historically, patriarchy may have afforded male advantage (Bourdieu 1998/2001), particularly when considering groups higher up the masculine hierarchy such as Western, heterosexual, higher-class males. Freeman and Freeman (2013) are indeed right to point out the increased experiences amongst women of sexual assault, objectification, and expectations to pursue careers for less equivalent pay whilst carrying out the bulk of household tasks and childcare. However, the authors generally refer to specific diagnoses, whilst adverse life experiences, distress and challenging circumstances affect all and may be expressed differently as described. Social circumstances such as economic recessions, unemployment and divorce can often carry a different meaning for men (Johnstone & Boyle, 2018). Furthermore, assigning a diagnosis may also require prior referral and clinical consultation which for some men may already be felt aversive. Certain diagnoses, particularly those representing higher levels of severity, are represented more evenly across genders with some more represented amongst male groups, such as psychosis in young men

(Vogel & Heath, 2016).

Given gender's frequent conflation with influences external to the individual, it could be suggested that aspects of gender identity can appear dictated and threatening to wellbeing. Desired versions of masculinity may be unobtainable in circumstances, creating shame, and restricting emotionality and its processing, display or communication, most relevant following stressful life events (Johnstone & Boyle, 2018; O'Neil, 2008). This may represent rejection of parts of self felt weak and unable to manage (Evans, 2010).

1.4.2 Masculinity and psychological help-seeking

Accordingly, men consistently show longer time spent with adverse psychological symptoms before seeking help (Addis, 2008; Yousaf, Grunfeld, & Hunter, 2015) and are less likely to seek any informal or professional help (Berger, Addis, Green, Mackowiak, & Goldberg, 2013; Mental Health Foundation, 2016). Issues may worsen before help is sought, and men can frequently report being encouraged or coerced to seek professional help by partners, family or friends (Bottorff, Oliffe, Kelly, Johnson, & Carey, 2014; Hoy, 2012; Liddon et al., 2017).

Addis and Mahalik (2003) focus on the self-stigma attached to help-seeking, particularly amongst men who endorse traits of restricted emotional expression, power and competition. A review by Yousaf, Grunfeld, and Hunter (2015) related such stigma to perceived weakness, embarrassment and shame. Quantitative studies provide further evidence linking subscription to masculinity norms in young men to unwillingness to seek psychological help (Cheng, McDermott, & Lopez, 2015; Yousaf, Popat, & Hunter, 2015).

Of referrals to Improving Access to Psychological Therapies (IAPT) in England in 2016-2017, around 65% are female 35% male: 875,609 and 488,565 respectively (NHS Digital, 2018). Whilst IAPT is nominally for anxiety and depression (NHS England, n.d.), research by the British Association for Counselling and Psychotherapy (BACP, 2014) also

suggests significantly lower rates of attendance by men within the charity and private sectors. According to IAPT data, *completion* and *recovery* rates are similar amongst men who do attend services (NHS Digital, 2018).

Such target-driven, standardised national therapy services may lack recognition of acute distress (Rizq, 2012), and psychiatric labels can conflate with individuals allegedly failing in duties or dictated roles (Davies, 2013; Johnstone & Boyle, 2018), easily construing them as other and denying identification. For women, this dismissal may include and further a caricature of women as emotionally fragile, responsible for others' care and needing protection (Lemonaki & Leman, 2017). If being *depressed* becomes having *depression* (for example), and distress equated with otherness and femininity, then there is further context for some men to avoid the first step in help-seeking of acknowledging and admitting psychological difficulties.

Using a narrative method, Valkonen and Hänninen's (2013) research with Finnish men suggested their help-seeking for depression was experienced with a struggle to match internalised expectations of self-reliance, resilience and rationality as a silent and strong worker, father or partner. As earlier highlighted by Mooney (1998), a desired maintenance of independence and need to appear strong, which may be expected and reinforced by others, can surpass the seeking of interpersonal help. Wenger (2013) also found such a restriction in Canadian members of a support group for men with a cancer diagnosis, and differentiated participants into 3 categories: those not acknowledging an emotional struggle and emphasising their own control over information-gathering, decision making and accessing medical treatment via the group; others seemingly projecting their vulnerability by justifying seeking emotional support as to not burden their families or to support other group members; and a final cluster who were open in acknowledging their need for emotional support. On the latter, Wenger suggested these men did not endorse masculine

norms, seeing themselves as different and may have had more pre-existing social support.

Liddon et al. (2017) found perceptions of fewer *male-friendly options* in psychological treatment, and Nicholls' (2014) UK male participants who had experienced childhood sexual abuse described services as being geared towards women. Some felt service promotional messages did not address the shame and stigma associated with the felt sense of loss of masculinity, or risk of losing control when emotions "flood out" (p. 97). Her participants also reached a state of hopelessness and desperation in their need for help.

1.4.3 Moderating factors in men's psychological help-seeking

In their seminal review, Addis and Mahalik (2003) highlight the variability within men's help-seeking. Emphasising the importance of identifying contexts via accounts of the person, their situation as well as the wider culture of masculinity, they caution against essentialist interpretations which risk branding men as less able to seek or utilise help, or self-sufficient and emotionally robust. Like others (e.g., Frosh et al., 2002), they highlight men's active construction of masculine narratives. Hence the meaning of seeking help could be constructed as to not threaten masculine norms (if relevant) rather than reject them whole. Pertinent to this, Addis and Mahalik highlight 5 factors moderating help-seeking behaviour based around a cost-benefit model: "(a) perceptions of the normativeness of problems, (b) the perceived ego centrality of problems, (c) characteristics of potential helpers, (d) characteristics of the social groups to which individual men belong, and (e) perceived loss of control" (2003, p. 10). Ego centrality refers to a notion that if a problem appears too related to one's sense of self – for instance a belief that men should be self-reliant and in control of emotion – then the issue may not be perceived as potentially resolvable or in need of resolution, so help is avoided or seen as personal failure. If not rigidly endorsing such values one may be able to re-frame counselling attendance, for example as taking control or being "'man enough' to seek help" (p.12), as also seen in the

research of Knight et al. (2012). If others within one's social network discourage help-seeking or ascribe contrasting values and there is a perceived similarity amongst the group, it becomes less appealing due to felt risks of shame and rejection.

In addition, Addis and Mahalik (2003) refer to some men wanting opportunities to reciprocate help such as in therapeutic groups, citing observations that it is important for men to demonstrate expertise in distress, which I would argue risks a false conflation with giving genuine help to others. Addis and Mahalik later suggest that becoming under another's care and direction may be aversive when autonomy is already felt threatened by distress, and Liddon et al. (2017) propose that the informality of support groups may appeal. In other words, some interventions could allow individuals more autonomy to maintain masculine practices. Or rather, to not threaten them such as through losing emotional control or being within a pairing where one member allegedly has power to heal and the other is vulnerable.

Accordingly, some suggest men may prefer the self-help, technical, achievement or solution-focussed aspects of professional support over more explicitly emotion-focussed content, such as mindfulness-based stress reduction or career counselling (e.g., Kingerlee, Precious, Sullivan, & Barry, 2014). However, few consistencies emerge around (hypothetical) preferences of approaches (e.g., Liddon et al., 2017) or preferred gender of counsellors (Cooper, 2008). Hammer and Vogel (2013) asked North American student participants to make actual decisions regarding seeing a psychologist. Help-seeking attitudes alone did not account for behaviour, but significant pathways were found within prototype images/descriptors of someone in counselling (i.e., whether they identified with that image), social norms and social pressure to attend. Earlier, amongst a student population, Vogel, Wade, and Haake (2006) found associations of such images/descriptors of receiving help to inadequacy, loss of self-confidence and weakness, indicating a stereotyped image against

masculinity norms.

Under certain contexts, greater numbers of males appear in services, creating further normativity: for example, treatments for alcohol use (Stein et al., 2016) and psychosis (Barajas, Ochoa, Obiols, & Lalucat-Jo, 2015), and in older age (Berger et al., 2013). In a review, Vogel and Heath (2016) also emphasise how gender differences can diminish or even reverse to men's greater attendance when the nature of condition is considered (e.g., manic phases of bipolar disorder) or when higher severity of social impairment is assessed. Gender differences in attendance rates are also reduced when prior help-seeking is considered (Demyan & Anderson, 2012; Nam et al., 2010).

Given the dynamic meaning of masculinity and the constructed nature of identity making its way into public consciousness (Nagoshi, Brzuzy, & Terrell, 2012; Preston, 2018), men may be given greater social permission to challenge outdated ideologies and, for instance, seek help. Research conducted by the BACP (2014) suggests men are entering counselling in slowly increasing numbers, although the proportion of men referred to IAPT fell slightly between 2015 and 2017 (NHS Digital, 2018).

1.4.4 Working with masculinity in counselling

The literature demonstrates how men may avoid, deny or create a lack of possibilities for freedom of expression of their inner emotional states (Gillon, 2008; Shepard & Rabinowitz, 2013), which counsellors may intuitively notice and evaluate (Kierski & Blazina, 2009; Liddon et al., 2017; Pollack & Levant, 1998). In counselling, recognising, connecting with and expressing thoughts and emotions may be expected, and difficulties doing so may compromise therapeutic progress (Gillon, 2008; Strokoff et al., 2016).

There are mixed results regarding assessed outcomes of counselling by client or counsellor gender (Berglar et al., 2016; Cooper, 2008; Lambert, 2016). Owen, Wong, and Rodolfa (2009) did find that some counsellors achieved better measured outcomes with clients of

one gender. Later, Owen, Wong, and Rodolfa (2010) found student clients' greater adherence to certain masculine norms correlated with poorer outcomes, whilst Cusack, Deane, Wilson, and Ciarrochi (2006) found men's perceptions of counselling helpfulness were inversely proportional to restricted emotionality.

Hence, men may struggle to negotiate expressing emotions and vulnerabilities interpersonally whilst maintaining a masculine identity (Martin, 2016). The aversion to a stereotyped image of someone in counselling – vulnerable, in-need and emotionally open (Hammer & Vogel, 2013) – may well remain once in session. The potential imbalance of power involved in counsellors highlighting what may be felt as weaknesses could also appear threatening. As Gillon (2008) suggests, masculinity “encourages men to think and do, rather than feel” (p. 127). He summarises of non-directive counselling:

The formulation of the approach, as one emphasizing mutuality, personal experiencing and intimate relating, may work against supporting men to engage with it. Put simply, its terms more readily mesh with femininized identities emphasizing relationality and emotional expressiveness rather than those of hegemonic masculinity. (p. 126)

Counselling men may hence be considered compensatory (Proctor, 2008; Strokoff et al., 2016). Others conceive to accommodate for pre-existing masculine norms, as taken for granted, without emphasis on challenging them. This includes highlighting support as a source of strength and problem solving (Kiselica et al., 2016), or utilising clinical vignettes of *real men* in counselling (Rochlen, Whilde, & Hoyer, 2005). Englar-Carlson and Kiselica (2013) suggest a tailored approach of managing *dysfunctional* masculinity using the *positive features* of masculinity, positioned as *resilience*, *independence* and *motivation*. The Male Psychology Network suggest encouraging men to attend involves more than “simply telling men and boys to ‘open up’ and ‘be vulnerable’” (Seager et al., 2016, p. 10) as this involves a fundamentally emasculating position. However, as suggested, an avoidance of this

position (if framed as emasculating) may itself be intertwined with the very issues the person is seeking help for, and characterising counsellors as demanding in this way may not be helpful, nor is suggesting that interventions entail a return of an unavailable masculine ideal. For Addis and Mahalik (2003), it is too simplistic to suggest it is a choice between changing individual men or services as both rely on generalisations which apply to few. Whilst they encourage a normalising of help-seeking, “men’s help-seeking is best understood as a function of the way both the socialization and the social construction of masculinity transact with the social psychology of giving and receiving help” (p. 12). In positioning this, Addis and Mahalik also bypass any unsubstantiated notions of how individuals should behave due to their gender. Strokoff et al. (2016) further suggest a competency of acknowledging clients’ intersecting identities and identifying “how gender norm socialization is related to their presenting problems and idiosyncratic experience” (p. 759), with the defensive nature of masculinities worked with rather than unchallenged or rejected outright.

How gender is managed in counselling presumably also depends on individual counsellors’ viewpoints on how gender relates to their clients’ identities. Of further relevance are clients’ own wishes, needs, and abilities or means to resist gender ideologies (Richards et al., 2017). Client, therapist and other factors may contribute to the variation seen between clients’ conformity to masculine norms and therapeutic working alliances (Drinane, Owen, Adelson, & Rodolfa, 2016; Owen et al., 2010; Strokoff et al., 2016).

Owen et al. (2010) suggest a distinction between men who have attended counselling, and other men endorsing traditional masculine norms who are least likely to attend. Using a mixed-methods study, they found that clients in university counselling in the USA who reported greater conformity to masculine norms (specifically through *winning*, *emotional control* and *self-reliance* subscales) generally felt the *relational* and *insight* aspects to be

more helpful than *psychoeducation* or *information* elements, and did not find differences in preferences between male and female clients. This further suggests that hypothetical preferences for technical or information aspects seen elsewhere in literature (e.g., Kingerlee et al., 2014; Liddon et al., 2017) may not match what was felt to be needed and helpful, at least by those who do attend. In this regard, Novack, Park, and Friedman (2013) and Vogel and Heath (2016) emphasise the notion of getting more men through the door, then stigma can be challenged (if needed) and emotional or relational aspects can be utilised therapeutically.

In their review, Strokoff et al. (2016) also suggest shame may appear as aloofness or confrontation, risking counsellor frustration, and Kierski and Blazina (2009) describe the need of some men to discredit the work of counselling. Shepard and Rabinowitz (2013) advocate a humanistic *dance*, respecting shame by pacing without enthusiastic interpretations, facilitating invitations to continue and examine feelings around disclosing in this novel way, acknowledging the courage. This parallels ideas of re-framing help-seeking to not overly clash with a hegemonic masculine ideology and to minimise power differences in counselling, and yet not avoid emotional or relational factors.

Further contributions are needed to contextualise the actual experiences of men who do attend counselling – how counselling was beneficial and how masculine norms interacted. In an exploratory study, Reed (2014) interviewed young, USA men from a variety of backgrounds about their experiences of counselling. Participants showed awareness of pressures to conform to masculine roles, particularly emotional reserve as demonstrated by role models and peers. Participants considered “masculinity and femininity as continuous and negotiable” (p. 435), seeking their own negotiation although it is unclear whether counselling assisted. They related to the withdrawal and substance use seen in their role models, with this awareness seemingly preventing them doing the same. Emotional reserve

was felt to function in performing roles described as *protective* or *supportive*, such as helping female colleagues; a sense of: “responsibility that comes with that power” (p. 432). Women were alleged to be “able to capitalise on men's sexual drive” (p. 432) and participants linked masculinity with sexuality, elsewhere considering versions equated with sexism and sexual violence. Again, participants were seemingly quick to defer to men generally, distancing their personal identification despite themes re-appearing in their narrative; acknowledging their desire for social acceptance but resenting the ways masculinity is traditionally done. Reed adopted a minimally-interpretative methodology which otherwise could have involved more focus on themes such as: “enjoyment in being protective and supportive” (p.432); constructions of gender, sexuality, and how: “emotional reserve was sometimes seen as a hindrance to interpersonal satisfaction” (p. 432). The young men generally kept their counselling attendance private with some sense of perceived *weakness* in engagement. Consistent with literature (Bottorff et al., 2014; Hoy, 2012; Liddon et al., 2017), participants were encouraged by others to attend, but felt a contradiction between doing so and what was expected of them within peer groups where being “unemotional, aggressive, [and] self-reliant” (Reed, 2014, p. 433) were the norm. In counselling, they valued confidentiality, collaboration, problem solving and being able to relate to counsellors, particularly when counsellors self-disclosed. A distinction is somewhat implied between participants who compartmentalised problems to be solved and others who valued relational aspects. For instance, one participant wanted a male counsellor as they feared they may “reveal too much information too quickly to a female” (p. 434), which Reed suggests represented a fear of losing control, whilst others felt they could be more open with a female.

1.5 Relevance of masculinity to counselling psychology

Counselling psychology promotes a respectful valuing of “all contexts that might affect a

client's experience and incorporate it into the assessment process, formulation and planned intervention" (Division of Counselling Psychology [DCoP], 2005, p. 7). Being mindful of cultural variations has been shown to be effective for clinical outcomes (Benish, Quintana, & Wampold, 2011). Research into the wellbeing and treatment of groups who demonstrate masculinity norms and how this may differ to others, however subtly, can aid understanding and effective clinical work, whilst the importance of tentatively holding a-priori knowledge can remain (Lemma, 2016).

Counselling, psychotherapy and counselling psychology practice can be conceptualised as facilitating:

- recognition and expression of emotions;
- understanding of self and others;
- improvements in relationships;
- processing difficult life events; and
- overcoming obstacles to wellbeing.

Elements of these features can be found within the various therapeutic orientations underlying counselling psychology practice (Douglas, Woolfe, Strawbridge, Kasket, & Galbraith, 2016), and their relevance to masculinity has been focussed on within this literature review. Where masculine identity compromises self-care and dependency, impacts on one's wellbeing needs and ability to seek support through adversity become relevant.

If hegemonic, androcentric or heteronormative masculinity can directly or indirectly entail subordination and marginalisation of others (Baxter, 2010; Bourdieu, 1998/2001; Connell, 2005; Edley, 2017; Korobov, 2011), the call for counselling psychology to: "challenge the views of people who pathologise on the basis of such aspects as sexual orientation, disability, class origin or racial identity and religious and spiritual views" (DCoP, 2005, p. 7)

has relevance alongside the profession's commitment to social justice (e.g., Woolfe, 2016). Hence, the question becomes complexified as to whether counselling should seemingly challenge masculine norms and seek to change them within the individual and/or society (e.g., Gillon, 2008), or change practice to engage more men whilst holding these norms as expected, stable and rigid (e.g., Kiselica et al., 2016). The latter position also risks positioning masculinity as universal – raised as a concern around (recently successful) calls to create a Male Psychology section of the British Psychological Society (BPS; Jankowski, 2017). Furthermore, generalisations can risk being reinforced and self-fulfilled through individuals further identifying and internalising, such as characterising men as inexpressive (Fine, 2010).

Regarding gender, ontological perspectives are relevant whereby differences may be conceptualised as inevitable or more contingent on circumstances and what environments are encountered, potentially mitigating the impact of culturally-specific dominant narratives. The updated BPS (2018) *Code of Ethics and Conduct* proposes that “respect for dignity recognises the inherent worth of all human beings, regardless of perceived or real differences in social status, ethnic origin, gender, capacities, or any other such group-based characteristics” (p. 5). A person's authenticity may be conceptualised as real and to be worked with, yet regarding gender as either superficial or having abundant impact on the self is equally problematic. Counselling psychology has an obligation towards an openness to viewpoints and to not assume the superiority of one over another (DCoP, 2005), and yet there is variation in how gender is thought about by the field, its relevance to the conception of the person and to the therapeutic encounter, as well as how the field engages with wider public discourses questioning gender roles and the default statuses of men and women. More specifically, through awareness of potential impacts on the therapeutic process, counsellors may empathise and appreciate the socialised and defensive nature of

masculinity, alongside how themes such as shame in disclosures can be managed.

1.6 Thesis purpose, aims and research questions

With ongoing debates around masculinity and therapy services provision (e.g., Freeman & Freeman, 2013; Male Psychology Network, n.d.) further qualitative contributions are warranted regarding how more men are encouraged into counselling and the role of counselling practice in influencing masculinity norms which impact wellbeing. Another novel factor in this thesis is considering the nature of masculinity which specific men (i.e., participants) bring to counselling and conceptualising its movement.

Rather than asking individuals to hypothesise counselling preferences, formal questions emerge as to the proportion of men who have appeared in services. As described, masculinity is context-dependent and the same man may show a variety of versions of masculinity (Evans, 2010). If counselling is a context where there are fewer expectations, perhaps individuals may demonstrate fewer stereotyped masculine responses, or re-negotiate their masculinity differently. Some may feel their masculinity threatened. It is hence presumed that individual versions of masculinity permit access and engagement in counselling differently. Those less invested in masculine ideology may feel counselling more suitable and helpful, or, show an openness to the care counsellors may demonstrate.

Quantitative contributions may not account for biography or variation and have frequently been based on college population samples in the USA (e.g., Lambert, 2016; Hammer & Vogel, 2013). Whilst much discursive work has been accomplished in highlighting affirmation and subject creation of masculinity, this research differs by formulating participant's psychic investments in masculine positions and discourses (Hollway & Jefferson, 2013) and the interaction of counselling on these. Whilst formulations and comparisons between participants will be made, this research prioritises narratives produced by individuals in research (Crossley, 2000; Emerson & Frosh, 2004). It is acknowledged

that masculinity may be one of many possible descriptive terms for events, notions and ways of being. Hence, the reader's perspective is also purposeful with truth claims questioned and reflexivity emphasised (Emerson & Frosh, 2004; Hollway & Jefferson, 2013). Readers may infer similarities to their own clinical work and research, examining factors which may restrict relational, meaningful counselling engagement.

To clarify, masculinity themes relevant to this research include help-seeking, emotionality, shame, vulnerability, interpersonal intimacy, relationships and dominance. These markers will be identified amongst a group of young men (aged 18-35) who have attended long-term counselling (defined as over 12 sessions). In accordance with Hollway and Jefferson's (2013) replicated approach, psychodynamic concepts will be used to consider participants' contextualised masculine subject positions and psychic investments in their narratives. The thesis also considers how attitudes, beliefs, displays and internalised narratives relevant to masculinity have been directly or indirectly altered through counselling, and what implications there are for counselling services: whether versions of masculinity are being excluded, how more men may be encouraged to attend and how masculinity is managed in the consulting room. The research questions are hence formulated as:

- Amongst participants, what masculinity narratives and identities are historically adopted: where are these from, how did they impact subjectivity and what psychic investments are suggested?
- How did these narratives allow for and affect experiences of the counselling process – from deciding to attend through to engaging in counselling and its ending?
- How did counselling influence participants' narratives and identities around masculinity?
- Given a performative nature to masculinity and my own masculine identity, what is

notable and relevant within the meeting of the researcher-participant subjectivities, and the effect of my place in the meetings?

- What are the implications for practitioners, services and future research regarding how masculinity interacts with the counselling process?

2. Method and methodology

2.1 Structure of the method and methodology

This section begins by outlining the view of the person alongside the approach and philosophy to knowledge produced in this thesis. The use of psychosocial concepts is then explicated, before attending to positioning the researcher where my own masculinity, my place in the work and the challenges involved in the research are foregrounded. Ethical considerations are then identified, followed by the method and practicalities of participant recruitment, photographic elicitation, interview approach and analysis. Finally, participants' biographic and demographic information is given with reflections on these demographic categories and their effects on the research.

2.2 Epistemology and ontology

For Maxwell (2012), a critical realist epistemology can accommodate a socially constructed nature to reality and its study. Whether contradictions appear, holding a variety of epistemologies can support a knowledge base within counselling psychology practice (Rizq, 2006), promote pluralistic practice (Cooper & McLeod, 2011), and act: “to elucidate, interpret and negotiate between perceptions and world views but not to assume the automatic superiority of any one way of experiencing, feeling, valuing and knowing” (DCoP, 2005, pp. 1–2). Such stances can facilitate a respectful formulation of the complexity of lived lives, never fully reducible or knowable (Cooper, 2009).

A purely constructionist approach can risk positioning agency alongside the availability of dominant, differential or contradictory discourses (Cromby, 2004; Hollway, 1989), albeit often done for purposes of deconstructing legitimised discourses laden with objectives of power and bounding of subjectivity (Graham, 2005; Willig, 2008). The ethical implications of such a stance needed to be considered in this context, and participants' talk of biography and experiences of counselling is considered not only reflective of a rehearsal of discourse.

As Hollway and Jefferson (1998) describe: “discourses do not provide tidy or clear alternatives which guide action: rather, they jostle for space in the multiple meanings, conscious and unconscious, which underpin practices and the emotions that accompany them” (p. 411). In other words, participants and researchers are considered active agents within their adoption, resistance and positioning of themselves within language and discourses; narratives both reflective of real events and influenced by settings where they are (re)created such as research interviews.

Hollway and Jefferson (2013), the authors of the replicated method, question the assumptions that researchers and participants have full awareness of themselves, always disclose honestly or representatively, interpret interview questions in the same way or have fully accurate memories. As well as defending against anxiety, participants can politely fit their responses to an interviewer’s schedule rather than openly describe their own experiences. People are considered rational, but not in a sense of singular phenomena creating standard responses with some labelled as outliers. Instead, participants and researchers alike are inherently contradictory, defensive and invested in particular positions in discourse, with thoughts characterised more by emotion and intersubjectivity. As such, people are masters of responding to and displacing anxiety, adapting versions of themselves to fit circumstance and yet maintain equilibrium: Bromberg’s (2009) position on identity and being, as a permeable, malleable set of self-states which can have coherence with each other is adopted. Non-conscious, emotion-based associations which participants bring through an open, respectful and containing interview framework can allow for richer and more meaningful insights. Hence, whilst qualitative interviews can always risk participants delivering “well-rehearsed generalisations” (Hollway & Jefferson, 2013, p. 31), a research interview can be a site where dominant ideologies are less demanded (Evans, 2010) and measures can be taken which facilitate subjectivity to be represented.

Therefore, interview data is positioned as originating from an internal dynamic reality *and* outside influence whereby upbringing, culture, dominant social constructions, intersubjective components of the interview dyad, and indeed counselling impact what identities become represented. Theories provide the framework for formulations and psychodynamic viewpoints are focussed on within this research context. The reliability of findings predominantly lies within their justification through being grounded in narratives themselves (Hollway & Jefferson, 2013). Findings primarily remain within the contexts of participants' lives, but a realist component allows comparisons to be inferred between participants who may have some homogeneity via intersecting identities and aspects of experience. However, though the findings may relate to many other males, the thesis cannot claim to provide answers for all males or masculinities, with uniquely intersecting identities, circumstances and psychic lives which permit or restrict resistance to dominant norms.

Whilst principles of case study research were adopted, the primary interest remained with the topic under investigation. As described by Wengraf (2004), the site of critical analysis is not of the person, but of narratives and their tracking within the flow of interview interaction. To consider the intrapsychic, interpersonal and wider social components of gender (Evans, 2010), it had been suggested to adopt different stances to the interview data at different times: one using psychodynamic conceptions, another considering what discourses are being brought and how participants position themselves in talk, such as deflecting accountability. After consideration, it was decided that these stances may indeed be separated in different moments of analysis, but not explicitly within the written report. Instead, integration of principles from narrative analysis, discourse analysis and psychodynamic conceptions are represented in replication of Hollway and Jefferson's (2013) psychosocial methodology which was used to guide data collection and analysis.

Hollway and Jefferson (2013) further illustrate how the everyday, complex subtleties of

learning about people may often be lacking in qualitative research: familiarity with the person, interpretation, questioning and clarifying ambiguity or inconsistencies. Whilst there is no direct access to another's experience (further complexified by being partly-created in interview), careful, methodical and open interviewing around the topic combined with interpretative analysis was warranted along with a double-interview technique. Implied in the replicated approach is that when positions are defended strongly, this is due to underlying defences serving to protect the person from underlying emotions. For example, Hollway and Jefferson (2013) justify linking a participant's narrative of a former better time and society to defences against the psychic pain of a difficult childhood and the loss of *patriarchal authority* in the present. It is such sites of personal investments, whilst often idiosyncratic, that are worth cautiously highlighting when considering the driving forces behind the pervasiveness of particular discourses constraining subjectivity.

2.3 The psychosocial methodological approach

Psychosocial approaches (e.g., Emerson & Frosh, 2004; Hollway & Jefferson, 2013; Phoenix, 2013) aim to link sociological phenomena with the psychology of individuals and groups: individuals are conceptualised as having a unique psychic life whilst being part of a shared cultural collective. The notion of gender identity involving intrapsychic, interpersonal and wider social factors (Evans, 2010) corresponds well with psychodynamic perspectives, particularly those regarding intersubjectivity which aim to theorise self and other in detail and complexity:

The concept of an intersubjective system brings to focus both the individual's world of inner experience and its embeddedness with other such worlds in a continual flow of reciprocal mutual influence. In this vision, the gap between the intrapsychic and interpersonal realms is closed, and, indeed, the old dichotomy between them is rendered obsolete. (Orange, Atwood, & Stolorow, 1997, p. 68)

Hence, it is proposed that self and other have permeability, each impacting the other under the resulting umbrella of subjectivity. In this gender research context, the researcher-participant dyad became such a system whereby one “knows or imagines when adopting a subject position around masculinity the likely reactions of others to that position” (Evans, 2010, pp. 59–60). Therefore, attentiveness to what may be going on intersubjectively minimised the risks of participants closing down, being overly cautious or telling me what I supposedly wanted to hear.

Narrative forms produced in interviews create meaning, structure identity and frame decisions, action and emotions (B. Smith & Sparkes, 2006). Participants’ narratives around the masculinity-related concepts of relationships, intimacy, emotionality, shame, vulnerability, sexuality, help-seeking, attitudes to gender and experiences of counselling were inducted and identified from the data, grouped as categories and explicated. Categorisation of data was carefully worded to accommodate the notion that participants were put into these categories due to their own unique reasons and psychic investments: individual participants were clustered according to similarities whilst retaining this appreciation of diversity. In other words, the approach involved both bottom-up (derived from data and individual participant narratives) and top-down or theory-led (psychodynamic formulations; contextualised, socio-cultural understandings of gender) analyses simultaneously (Squire, 2013). Evidence for emerging or pre-existing theory/formulations originated within actual data as reported by participants.

By *wider social* as applied to masculinity, this refers to cultural, ubiquitous messages originating from upbringings, institutions, media, social interactions, law, work etc. These messages relate to identities, thoughts, feelings and behaviours which are permitted, expected and performed in contexts, often only noticeable when threatened or transgressed (Edley, 2017). Participant's accounts were situated within these messages as identified. Such

messages are held to be external, already present and to impact participants in different ways.

Such interpretative approaches were utilised whilst acknowledging the impact of the researcher to narratives and formulations produced. The individual participant and their relationship with the interviewer were prioritised, and the question of how representative of others they are is carefully considered: Hollway and Jefferson's (2013) psychosocial framework provided the scope to address the complex relationship between a specific group of participants and a wider cultural group.

2.3.1 Alternative methods

As indicated, this thesis complicates and adopts an ambivalent stance towards the question of how typical each participant is, and considers to what extent masculinity can be conceptualised as a phenomenon. Hence, the methodology used does not predominantly derive from phenomenology. The separation of data into discrete segments was avoided within the method used which aimed to hold and position smaller narratives within participants' wider narrative, biography and social contexts.

Hollway and Jefferson (2013) explicitly refer to similarities of their approach with grounded theory methods, such as using data to inform further collection and analyses. However, unlike some grounded theory approaches, a bracketing of outside theory and limited focus on prior literature and intersubjectivity (Willig, 2008) was not positioned here.

As described regarding discourse analysis methods, aside from ontological and epistemological differences with this research, such a stance is not appropriate to former clients, who furthermore may have attended counselling due to their experiences of challenging power dynamics (Johnstone & Boyle, 2018), or experienced a power dynamic between themselves and their counsellors and now between researcher and researched.

2.4 Positioning the researcher

Although considering my position, this section is not necessarily written for purposes of attempting to negate or set aside bias at any stage of the research. Though not licence to use it, bias in a wider sense is considered inevitable whereby research is inevitably influenced by the lens of researchers' own perspectives and relationship to the topic (Crossley, 2000). Yet this is not inherently problematic. In psychodynamic theory, the impact of a person on another's subjectivity is emphasised as inevitable within the complex exchanges of projections, transferences, identifications and worldviews influencing what is created in interactions (e.g., Lemma, 2016). Default templates for relating may surface whereby new interactions become imbued with past relationships. Motivations of conversing partners are also relevant. For instance, there was an ongoing risk of labelling something as masculine when it should not be. In moving beyond participants' own wording or even when selecting data to describe, interpretation was used immediately. Although participants' identities may be to a large extent outside the realm of knowledge (Cooper, 2009) or reduction to a topic, any interpretative work could still maintain a mutuality and originate from a shared understanding felt between participants and myself. Hence, the more formulations appeared to move away from participants' own accounts as they were, the greater the need to bring them back to participants, or ground these formulations in evidence with other parts of the person's narrative prioritised above theory. From these perspectives, each interaction is highly idiosyncratic with both interviewer and interviewee influencing each other but hopefully trusting in the other's interpretative processes. Hence, my own masculinity, subjectivity, sense of position as researcher and personal challenges encountered during the research become highly relevant.

The challenge of defining and identifying masculinity has been felt throughout, alongside managing the plethora of my own and others' often contradictory ideas, and the limitation of

self and other awareness. Perhaps the dilemmas have been necessary: rather than feel the righteous motherly containment of a singular viewpoint, as a counselling psychology trainee I needed to be open to several potentially contradictory worldviews (Rizq, 2006) yet confident enough to take a position. Coming from an interest in gender and its obvious relevance to myself being in a minority of males on counselling trainings, the ongoing question was how to go from there to conducting an acceptable thesis.

Backtracking further is warranted. I am the second of 4 children, the eldest son, and attended an all-boys school in the early 1990s. Bravado and being top dog via physical prowess, aggression, quick wit and the teasing of others, often via homophobic or derogatory comments were a norm and what one positioned oneself against. My parents, though liberal and from humble backgrounds had a traditional streak and my brothers and I were talked to, dressed and raised differently. Physical squabbles and individual spirit through naughtiness occurred to gain attention. Girls were largely a mystery. I recall being in tears over academic stress in early teenage years with a close male friend, who did a mocking impression of this display some time later. But rather than bullying, he seemed keen for me to share in the joke which involved this vulnerable, nervous, overwhelmed part of my self being externalised and objectified. Becoming interested in females, it seemed as if some of them were more interested in confident, loud peers who were equally comfortable around them. These peers' talk often implied they saw females as their right. Though I felt low in the hierarchy, I was heterosexual, white, educated, non-disabled and middle-class, hence I could still relatively easily strive and occasionally succeed in the default, background nature of masculinity. Confidence essentially meant domination of people and the world.

But confidence in terms of a more authentic version was generally lacking. I was raised to be respectful, to get things correct and accord with the rules of law (my father a solicitor),

and sought men and women who showed quietness, intelligence and calmness. In rebellion, with various unhealthy activities further affecting my wellbeing, I sought counselling at university. This was initially via a drop-in service where I pretended to be there only to seek help in making a specific decision regarding an employment issue. To say I was in fact highly distressed and seeking comfort would be to further admit failure and was simply not an option, as if everything would crumble somehow. I was asked too directly by the male practitioner wearing a suit: “what’s really going on?”. My later counsellor seemed more relaxed, calm and facilitative of my own pace.

Some years later, I saw video footage of a group of women at an all-female campus talking about their struggles, their reasons for choosing a single-sex setting and sense of power developing through their unity. Although I consciously felt supportive and admiring, I could recognise in myself a semi-conscious, vague sense of annoyance and anxiety with no specific connecting thought. Though more interpretation may be possible, the point is that suddenly I was excluded and not at a forefront, nor were any men. Whilst I am appropriately appalled at particular actions committed mainly by males, the anger at not getting what seems promised nor being able to dominate, and the sense of emotions privately building with no release are notions I can relate to.

Commencing initial counselling training, part of me liked being the only male in seminars and groups, perhaps having greater automatic rights and expectations, arguably since I was able to indulge a greater unconscious urge to be the one that speaks and knows all in an environment where few other masculinities compete. On a more helpful note, my perceptions began to be opened to the blindness I had shown towards gender and to my automatic privilege which only some share, and I was fast becoming more open to the experiences of others. However, the mastery, control and knowingness which I could sometimes successfully achieve was often felt lost through the training and personal therapy,

where vulnerable parts which do not fully understand or fully know need to come to the fore. I somewhat felt at a disadvantage and defensively blamed my masculinity – as if I cannot identify and be open about feelings. The differences between the proportions of male and female applicants being accepted onto clinical psychology training (and the fewer numbers of males applying) was also of interest, as well as clinical experience working with men who did not seem to fully want to be there, were suspicious or aggressive towards me or the process. This is if they did happen to declare that they would be willing to see a counsellor of either gender, or specifically a male which generally seemed a rarity.

Returning to the development of the thesis, I began to feel that gender was ironically not a topic which I could master but felt sure of its relevance and importance to the counselling field. My omnipotent need to find answers became tempered. For example, not striving so much to conclusively decide whether gender identity was a purely social construction (or at least something which should only be researched using constructionist methods) or something with genetic, default and fundamental components. No-one including myself can properly know and it may not need to be a focus of research, yet the need to be respectful prevails. Young children, with liberal, loving parents cannot protect their children from the ubiquity of the construction and reinforcement of gender, whilst the child may feel deeply and fundamentally in the wrong body and treated in the wrong way. This should not be considered a mental illness, and literature suggesting a genetic component to a gender identity as separate from the body (which itself may be ambiguous) is making a crucial point. In respecting the complexity of gender and breaking it down into aspects, fundamental as well as more superficial constituents can both be posited.

Seeking up-to-date literature and attending conferences, I found groups under the banner of men's studies or male psychology to be unhelpful. Conceptions appear rigid and the terms *men*, *male* and *masculinity* are often not defined at all. There is little said on the interaction

of patriarchy or privilege on some men's wellbeing, or it is denied. Likewise, as Jankowski (e.g., 2017) helpfully pointed out, sociological perspectives on contemporary expectations of all people, the multiplicity of masculinities, and the relevance of political shifts, social injustices and attacks on the welfare system are often ignored. A key moment in the research design came in discovering the work of Hollway and Jefferson (e.g., 2013) which seemed to respect complexity, unknowingness and tentativeness, and applied psychodynamic and constructivist methodologies to the study of subjectivity whilst avoiding reductionism. Given the closeness of the topic to my own experiences as well as the sensitive nature of the interviews, ethical considerations needed to then prevail in implementing the practicalities of the research.

2.5 Ethical considerations

Narratives are taken as research material as well as biographies behind them. Within this process, it is worth considering the nature of the interviews as well as potential consequences of the inevitable separation between participants' interviews where a relationship was developed (with myself), and participants' representation as academic text. This detachment of the individual from their interpreted narrative risks participants not feeling fully represented or represented in unexpected ways.

By positioning the research as contextual and through the influence of case study work, this should contribute to transparency and respect shown towards participants in interview and analysis. The method aimed to afford participants with appropriate but cautious, tentative representation of their complexity, changeability, circumstances, challenges, robustness and creativity (BPS, 2014). Whilst automatic power differentials are acknowledged (Hollway & Jefferson, 2013), it is important to distinguish the application of power from professional authority – the latter negotiable and not needing to imply malevolence (Bromberg, 2009; Gaitanidis, 2012b). One's abilities as a reflective practitioner can be used to positive effect,

such as being able and trusted to understand, contain and empathise. A tenet of psychodynamic theory is that emotionally distressing past events, when brought to a safe, interpersonal context can be further psychologically processed rather than shut down (e.g., Lemma, 2016). I adopt Benjamin's (2004) view that genuine recognition requires a separate, differentiated, independent person with their own perspective – this is different to another person bringing their own anxieties, defensiveness and aggression to an interaction. Such interpersonal stances may go alongside more tangible ethical guidelines for conducting research (BPS, 2014; Woolfe, 2016).

Whilst the impact of any research method is unpredictable, interviewing around biography and experiences of counselling is likely to provoke anxiety. Participants were expected to discuss difficult aspects about themselves and their experiences which may have been emotionally challenging, at least historically. Subsequent formulations, particularly when they veer towards interpretations, carry risks of missing the point, being inaccurate, or causing discomfort due to content which may also appear objectifying. Psychic defences functioning to keep emotions in balance may be threatened. The authors of the replicated method highlight the importance of accountability, providing evidence within narratives, making any theories transparent and triangulating with others (Hollway & Jefferson, 2013). If a formulation holds relevance, merit and justification, theory suggests that responses are generally favourable (e.g., Casement, 2006), and this was indeed the experience of conducting this research when applicable. Clarifying observations from the first interview, or on reading the transcript, was also one purpose of the second interview. Delivered tentatively and with implication that a formulation is only one perspective, there was room for the person to correct, improve it and increase salience of other viewpoints. Participants seemed to value their stories being heard and the efforts made to understand them, rather than only being listened to. To clarify, participants were trusted to be accurate and facilitate

my understanding. Excessive distinguishing between content and formulations (in interviews or analysis) was avoided: formulations were not so far removed from participants' own meaning-making frames (Emerson & Frosh, 2004) as to become devaluing.

More practically, password-protected copies of transcripts were sent to participants, giving an opportunity to clarify what has been disclosed and for participants to consider removing parts of their data (which no participant requested). Other specific measures were taken to minimise risks such as requesting for former clients and to not be under the care of professional mental health services. The recruitment literature (Appendices A and B), consent form (Appendix C) and the nature of the interviews aimed to suggest that personal narratives were sought and that these will be compared. The order questions were delivered as well as twice-interviewing each participant allowed for a gradual build-up of trust and rapport.

As well as via formal paperwork, informed consent refers to participants entering interviews with awareness of the research topic and thoughts and feelings of how it applies to them, with ongoing re-consent implicit throughout the research process (Rosenblatt, 1995). Such re-consent was demonstrated via ongoing researcher vigilance, or ascertained subtly (e.g., colloquially framing questions with "*can I ask?*"); whilst willingness to continue could have been more directly ascertained if warranted. Debriefing forms were provided at the end of both interviews (Appendices D and E).

To discourage incentives beyond a wish to participate, no payment was offered for participation. Interviews occurred in a suitable private room or participants' own homes when they instigated this suggestion (as 2 did): as Hollway and Jefferson suggest, "on their territory and dependent on their hospitality" (2013, p. 78). Deception was not used, and the recruitment material aimed to be sufficiently informative but generalised enough as to not

constrain responses. Whilst the recruitment literature suggests a discussion of emotive topics, there was some concern that participants may be surprised at how personal narratives and histories were asked for. This was seemingly not relevant, and more explicit forewarning about the possibility of emotive topics may have created apprehension if excessively anticipated.

Participants' names and key identifying information was removed to protect confidentiality. However, it is acknowledged that individuals known to participants (e.g., family or friends) may be able to identify them from their reported narratives. To minimise such risks, whole transcripts were only be visible to the participant, researcher and supervisory team, with short extracts utilised in the thesis. No-one connected to participants (including former counsellors) were informed of their participation.

Ethics approval was received from The University of Roehampton (Appendix F), and consent obtained from groups and organisations assisting with recruitment.

2.6 Participant recruitment

Eight participants were recruited via posters (Appendix A), letters through a counselling service (Appendix B) and word-of-mouth. This total number of participants was chosen to allow descriptions and analyses of each participant's narratives, yet enough to position inferences when similarities became apparent. The criteria for participation were:

- self-identifying as a man;
- aged 18-35;
- to have attended over 12 sessions of individual/group counselling/psychotherapy of any modality, finishing over 6 months ago but within the last 5 years; and
- to not be under the care of professional mental health services.

There were no inclusion requirements regarding ascribed gender at birth, sexual orientation or ethnicity. Recruitment strategies focussed on the South East and North West of England.

2.7 Interview method

The interviews mirrored Hollway and Jefferson's (2013) guidelines which facilitate personal narratives connected to the research topic, using a limited structure whereby participants are generally encouraged to continue with whatever comes to mind. Limiting interruptions to flow, participants' own meaning making frames were elicited as much as possible, with emerging associations and emotional motivations. As masculinity is broad and commonly created and affirmed in the unnoticed background (Edley, 2017; Hollway, 1989; Kimmel, 2016), any direct questioning about masculinity or comparisons to others risked eliciting defensive, standardised or insignificant responses not anchored in meaningful lived experience (Wengraf, 2004), where masculinity may only be one of many influences. This was also seen when trialling interview questions with colleagues.

However, some standardised, open-ended questions to prompt and maintain focus were used when required, with participants having implicit responsibility for framing how a narrative is relevant. Despite some scheduled topics to cover, the openness of the interviews was made clear to participants at the start of interview. The phrasing of questions promoted prolonged answers, such as through using temporal markers (e.g., "could you tell me about a time when etc.?") or clauses. Ongoing attempts were made to foster mutual collaboration in dialogue (Boston Change Process Study Group, 2005), such as using clarification, filler and continuation responses (e.g., "hmm?"; Rizq, 2002). The questions were usually reverted to at a point where participants indicated a general completion of a narrative, and the theme of some questions had often already been covered. Hence the phrasing of questions varied depending on the flow of interviews, and the priority remained within demonstrating ongoing interest in participants' demographics; family; significant relationships; life history;

significant events; wellbeing; and counselling experiences. Whilst participants varied in the style of narratives, at few points (if any) did the content appear irrelevant. When a theme of the interview questions was felt to be absent from the first interview, it could be returned to in the second.

Hence, the interviews somewhat resembled assessment sessions of counselling, particularly the first interview whereby a biographical history was taken (and made). Accordingly, the interviews are positioned as somewhat indicative of participants' counselling. Twice interviewing allowed for rapport to build as well as a more thorough inquiry into participants' backgrounds. Transcripts of the first interview were sent to participants before the second (and the second interview transcript sent afterwards), giving us an opportunity to reflect on narratives and report on the process of seeing narratives as text.

The psychodynamic concepts of transference and countertransference (e.g., Lemma, 2016) – broadly, reactions towards the researcher based on participant's past relational history, and the researcher's responses to these as well as reactions resulting from their own past – were given consideration in the replicated method. These feelings may reflect unwanted or disowned parts of self, or new connections between subjectivities. Hence, following each interview, notes were made about my feelings around the participant and the interaction, as well as core feelings within heard narratives.

During initial interview analyses and reflection, it became clear that certain questions needed rephrasing, for instance one read: 'who did you go to when you felt upset, or scared, or something strong?'. This was adapted as it became clear that it could imply an assumption that there would have been someone to 'go to', which was seemingly not often the case. Likewise, questions around general attitudes and beliefs about gender were more strictly left until the end of the interviews, rather than as-and-when they became relevant. This was due to observations that intellectualising (by both of us) often came to the fore,

shutting down dialogues around more personal experiences.

2.7.1 Photographic elicitation

Acknowledging the challenges of talking to men about masculinity, Reed (2014) and Shepard and Rabinowitz (2013) recommend using tentative references to masculine socialisation as reference points to facilitate responses. Photographic elicitation has previously yielded findings from male participants in gender research (Evans, 2010; Farough, 2006; Frosh et al., 2002; Johansson & Klinth, 2008). As photographs/pictures can give voice to thoughts, feelings, and processes otherwise challenging to articulate, defences can be worked with (Ginicola, Smith, & Trzaska, 2012). Whilst the utilised pictures (Figure 1) roughly depict some common themes identified from literature, what was of interest were individual interpretations and applicability. The pictures' relative neutrality and limited emphasis indicated them as a starting point for further discussion rather than to test against pre-existing criteria. The pictures were normally used at the start of the first interview, to frame ideals of identity, identifications, or themes disliked or rejected. Generally left on a side-table in a random order, they were later used by some participants to indicate changes in their perceptions of themselves or others.

Figure 1: Pictures used in interviews



Picture 1



Picture 2



Picture 3



Picture 4



Picture 5



Picture 6



Picture 7



Picture 8



Picture 9



Picture 10

2.7.2 First interview

Participants were informed that the first interview focused on identity and biographical history, enabling a historical description of their masculinity and its impact on them, as well as issues and concerns which led to counselling. The first interview questions including those corresponding to photographic elicitation are paraphrased as follows:

- Which picture(s) stand out to you; what do you see going on?
- Is there a picture that shows something you do/don't like?
- Could you tell me about your early life; where you were born; do you have brothers or sisters?
- Could you tell me about someone you admired growing up?
- Could you tell me about a time when you saw someone cry or be very emotional, like a family member?
- Could you tell me about a time when you were upset, or felt scared?
- Growing up, were there times you confided in a friend, or someone else?
- Has there been a time you told someone they should *man up*, or *grow a pair*; has anyone ever said this to you?

- Could you tell me about a time when you maybe felt less like a man, or thought you should *be a man* about something?

2.7.3 Second interview

The second interview focused on counselling attendance and engagement. Details of counselling and other biographic information was ascertained if not covered, and the interviews began by expanding and clarifying topics, observations, formulations, inconsistencies or absences from the first interview, as well as thoughts and feelings emerging from the first interview and from reading the transcript (4 had done so). Inquired towards the end were participants' reasons for taking part in the interviews. Finally, there were closing reflections on general attitudes to gender which were often based on what had already emerged. Again, more a guide than strictly followed, the second interview questions are paraphrased as follows:

- What led you to seek counselling?
- How did you find out about it?
- Did you tell anyone you were going?
- Did you have any preferences for counsellor gender?
- What did you expect from counselling?
- What did you expect your counsellor to be like?
- What did you expect to be like in counselling?
- What did counselling help you with/to do?
- What did you like, or value about counselling?
- Could you tell me about finding something challenging in counselling?

- Did counselling make you think more or less about how you appear to others?

2.8 Stages of analyses

Initially, pro formas were created for each participant. Extensive notes condensed interviews into key narratives, observations, countertransference feelings, formulations and potential categories emerging from immersion in the transcripts and audio recordings. Within each analysis, through repeating this process with each participant and returning to previous notes, transcripts and recordings, final category and sub-category titles emerged to be grouped, clarified and rephrased.

Corresponding mainly to participants' first interviews, the first stage of analysis (Analysis A) involved identifying categories and sub-categories positioning participants' historical attachment patterns, emotional engagement and internalised expectations pertinent to the development and performance of masculine identity in the context of help-seeking and later attendance at counselling.

The next stages, corresponding mainly to second interviews, involved identifying categories around how participants' masculine identity interacted with their initial attendance and engagement in counselling (Analysis B), followed by the influence of counselling on their masculine identity and expression (Analysis C). This use of chronology aids flow, but the actual ordering of narratives in interviews was not so sequential whereby cross-overs, shifts of focus and returning to topics was prevalent, or alternative narratives were shut down (Wengraf, 2004). This is indicated where applicable, alongside formulations as to why this may have occurred.

The analyses highlighted where participants may differ and contrast (particularly through use of sub-categories), and the ordering of different participants' narratives within sub-categories aimed to stay similar. In doing so, participants' unique biographies and psychic investments in their narratives should become more apparent, and it should be

possible to effectively track each participant through their biography to their attendance in counselling.

2.9 Participant biographic and demographic information

Participants' biographic and demographic information can be found in Table 4.1.

Participants' own wording is used wherever possible, and numbers of counselling sessions may be approximations (as are timings of events described elsewhere). Separate episodes of counselling are indicated. The order of participants matches the order which interviews were conducted.

Table 4.1: Participant biographic and demographic information

Pseudonym	Age	Nationality	Employment status	Reasons for counselling	Modality and duration of counselling
James	23	British	Project engineer	Anxiety, paranoia and intimidation following crime	CBT: 40 sessions.
Andrew	23	British	Actor	Self-esteem, anxiety, anger and relationship ending	Counselling: 5 sessions CBT: 20 sessions
Luke	29	British	Personal trainer	Depression and new relationship	Psychoanalysis: 100 sessions.
Paul	23	British	College student	Depression, anxiety and alcohol use	Psychodynamic: 8 sessions Student counselling: 10 sessions
Neil	34	British: born abroad; raised in UK and Southern Europe	Scientist	Family separation Bereavement	School counselling: 3 sessions CBT: 10 sessions
Matthew	27	British: born abroad; raised in the West	Teacher	Socialising and self-esteem Sexual health	Psychotherapy: 15 sessions Psychotherapy: 20 sessions.
Leonardo	25	Southern European	Psychologist	Anxiety and personal / professional development	Gestalt: 70 sessions.
Sean	27	British	University student (sciences)	OCD, seeking relationship Relationship issues	CBT: 35 sessions Student counselling: 12 sessions

2.9.1 Demographic similarities of recruited participants

A factor that was anticipated to link participants was their exposure to masculinity norms, and indeed similarities became apparent. But as acknowledged, masculinities are multiple and alongside intersecting identities such as ethnicity, race, nationality, social class and sexuality (e.g., Vogel & Heath, 2016). In a balance between breadth and depth, a variety of demographic identities of participants was hoped for.

However, though no such requirements were stated, all 8 participants were aged over 23 and identifiable as white, Western, cis-gendered and heterosexual. There appears to be a range of socio-economic statuses and social classes represented. Aside from representing majority groups, there are several possibilities why the similarities of demographics occurred. Firstly, whilst initial recruitment efforts deliberately focussed on geographic areas with populations often absent from qualitative research – higher deprivation and populations of minority ethnic backgrounds (Memon et al., 2016) – interest shown per recruitment attempt was very low. It is regrettable that more attempts were not made, nor other strategies tried (e.g., adjusting the recruitment poster [Appendix A]). But due to time constraints, recruitment efforts began to be focussed on leisure/sports centres, workplaces, colleges, universities and other public areas more broadly. More of my predominantly Western, white, heterosexual close acquaintances were asked to help by passing on the study information.

As suggested, men are often averse to speaking openly about their emotional experiences and the recruitment literature suggested that this may occur. Furthermore, individuals from a minority ethnic background may be more likely to have negative experiences of counselling due to encountering cultural naiveties or more overt discrimination from practitioners, particularly from those of a dominant culture (Nkansa-Dwamena, 2017) and hence may not want to discuss and re-live their experiences. Negative experiences of acculturation and

dismissal may be more likely, hence some may feel less willing to show favour by spending time to attend unpaid interviews with a white, European man from a university: an understandable assumption may have been that I would not be interested, empathetic or seeking them as participants.

As mentioned, a degree of ambivalence towards the question of the normality/typicality of each participant was maintained. From the extreme end of this perspective, it could be said that we do not know how representative of others one participant is, or we should not consider it, yet the participant's narrative is of interest to the reader who can draw similarities with their own clients or research. Richards et al. (2014) well outline how researchers already risk considering singular examples as representative of whole groups. The 8 men recruited are not positioned as representing all others in their demographic groups. Yet as a realist piece of research, perhaps it can be said that the masculinity and the cultural experiences of the recruited participants had enough similarities, and that more general themes around masculinity and counselling may be indicated from the findings.

As described, Western, heteronormative versions of masculinity can appear a background, default archetype (Kimmel, 2016), with less reason to be questioned or unaffirmed. Related to this idea is a consequent lack of a support network otherwise encouraging a unity and language around disadvantage (Johnstone & Boyle, 2018). Whilst these ideas are interesting and became more relevant and focussed on due to the participants recruited, masculinity is an identity perhaps most notable when versions are conceptualised as a response to a sense of powerlessness in relation to a dominant group and dominant norms (e.g., Nedhari, 2009). Due to individual backgrounds and circumstances, some men may be more likely to have had their masculinity or sense of their manliness questioned by others, and/or by themselves. In other words, participants may have had more to say about their gender should it have been less background, and less interpretative work may have been necessary

within the analyses.

3. Results

3.1 Structure of the results

The section is structured by order of analyses. Firstly, categories emerging from participants' development of masculine identity (Analysis A) are given, followed by the interaction of masculinity on initial counselling attendance and engagement (Analysis B), and the effect of counselling (Analysis C). Each analysis begins with a summary and table of the categories, followed by expansion of the categories.

Details of how participants' speech is written can be found in Appendix G. Participants' responses to the photographs are spread throughout.

3.2 Analysis A: The historical development and performance of masculinity in the context of later psychological help-seeking

3.2.1 Summary of Analysis A categories

Taken together, these categories (Table 5.1) represent masculine selves constructed through outside pressures, internalised expectations and interpersonal needs, facing challenges and adversities. Vulnerability could be (and may somewhat remain) quickly conflated with “weakness”. Amongst participants' families, displays, discussions and engagements of particular emotions varied, but all participants reported emotion topics as largely off-limits among peer groups. This altered somewhat when participants began new relationships in adolescence, most commonly with females.

Few of the categories of Analysis A hold particular novelty over previous literature, although the emphasis on masculinities being constructed within families, peers and wider society, and being dependent on environments encountered (e.g., “bullying”), has much relevance to help-seeking literature as well as to later categories which position a fear of deviancy involved in masculinity and help-seeking, and the potential powerlessness of the counselling client position.

Table 5.1: Category summaries of Analysis A

Code	Category title	Sub-categories	Description
a1	Comparing to “the hard guy”: positioning self according to expected masculine norms	i) “What a guy is supposed to do or . . . look like”: feeling “different” to peers. ii) Subtle, ingrained and background nature of masculine pressures. iii) “Lord of the Flies-esque”: necessity to “fit in” within masculine hierarchies.	Participants highlighted historic gendered expectations, comparing and positioning themselves with peers and “alpha types”.
a2	“There wasn’t a lot of talking”: others’ expectations of masculine self-reliance and emotional control	i) Familial recognition of vulnerability inconsistent. ii) Independence as threatened through vulnerability. iii) Unspoken management of emotions within male peer groups.	Emotional engagement within families and peer groups is historically lacking, with vulnerabilities kept private or not expected by others.
a3	Internalised masculine critics: self-policing of vulnerability and dependency	i) Humorous mockery of dependency. ii) Self-directed frustration and anger. iii) Vulnerability and “competence”, “weakness” or “mad[ness]”.	A position of dependency is avoided, such as through mockery or conflating vulnerability with deviance.
a4	“I didn’t want to think”: distraction, “escapism” and self-regulating in distress	i) “Reality” and masculine “fantasy”. ii) “The one who sorts things out”: carrying the burden during crises. iii) “Controlled catharsis”, “time to disappear” and “surviving . . . day-to-day”.	In response to distress without interpersonal release, distractors were sought with varying degrees of “catharsis” and independence maintained.

3.2.2 Category a1: Comparing to “the hard guy”: positioning self according to expected masculine norms

This category represents the link, as described in the working definition of masculinity, between a sense of oneself alongside, or in comparison to, versions of masculinity as seen or imagined in others. A sense of inferiority often corresponded with a sense of “failure”, particularly around self-control, extroversion and dominance. These idealisations may link

to generalised contemporary expectations of people, yet as indicated, the boundaries between these expectations and those of masculine behaviour may be blurred.

In other words, participants indicated a distinction between their sense of identity and an external ideal masculine standard: participants often distanced themselves from peer groups where “alpha” men appear. However, these “types” were accommodated for within self descriptions.

a1. i) “What a guy is supposed to do or . . . look like”: feeling “different” to peers

Andrew spoke of having much adolescent envy of others’ perceived self-control, extroversion and sexual activity, seeing others as: “in control of their life, which is something I never had, growing up”, instead saying to himself: “not a man; I thought of myself as a boy, a boy in a room full of adults”. Sean, feeling “quite odd and weird growing up”, describes someone at college who appeared “quite loud and was quite bubbly”, yet later hearing she was “very nervous” and “had quite a, a bad upbringing”. Likewise, Leonardo contrasts himself with his “always balanced” father. Though now speaking of pride, Leonardo and Matthew also report a historic feeling of inferiority in seeing themselves as different, and “emulation” (as Matthew describes) may have earlier occurred. Hence, such a feeling of difference may not be framed as differentiation and disapproval of others’ behaviour; themes also emerge of contrasting oneself with imagined others considered as “competent” (Sean’s term), in control and seemingly invulnerable.

This cultural ideology of masculinity was often taken as a given and shared as a code: participants used the term “we” – also soliciting myself – whilst more specific references to masculinity were often externalised. For example, as opposed to discussing an expectation personally felt, Neil remarks on a: “general perception of what a guy is supposed to do or . . . look like, and anything out of that is scary and weird, and that is amplified as a kid, and it’s normally a hangover way into your life”. Though generalising, he later openly recognises

such a “hangover” in terms of how he may still occasionally “crave acknowledgement by the cool kids”.

Leonardo recalls: “growing up, I always felt quite different, I guess, like I was really into reading, music, drawing . . . I guess they always saw me as a bit weird in the family. . . . I think she [mother] was a bit worried about me”, also referring to “teachers, friends” encouraging him to not “read so much, . . . make more friends, play more football, or go to more parties”. However, within this pressure which he considers cultural, others could provide validation: “there was nobody like that around. Just my father . . . I’m really lucky to have parents that was, cared a lot about me”, providing a “base of self-esteem”. Leonardo could “play extroverted at a party”, but felt his differences to peers contributed to being “closed about my emotions growing up” yet wanting conversations beyond usual topics of “movies”, sports, and sexual conquests.



Leonardo again uses the term “weird” to describe Picture 8, one which Matthew found: “tragic, . . . chasing a false dream”. Matthew also describes similar expectations from others but validation from his family, his confidence also being aided by learning of his earlier diagnosis of Asperger syndrome.

Sean describes being “asexual” as an adolescent, uninterested in intimate relationships, fearing being touched and a fear of contamination from childhood: he tells a story of seeing a “flash” of something when playing a childhood pretend-game involving protecting others, paralleling the working definition of masculinity regarding the development of a flight from femininity:

I was just led to believe that I was sort of special, I was the only one who could sort of see these monsters. . . . To get rid of these germs before they infected you and you became a monster, or alien or maybe sort of became a thrall for them. . . . I noticed that a lot of sort of boys played with themselves and a lot of girls played with themselves so I was like maybe girls are the ones that are infected, heh.

Sean kept this “superhero” role and his asexuality private, remaining on the edges of teenage conversations “derogatising” women.

a1. ii) Subtle, ingrained and background nature of masculine pressures

Some participants positioned their past selves within gender, for example, Neil remarks on his privacy: “something sneaks in at some point, which tells all men: ‘ooh, you can’t talk about this’”. In other narratives, pressures could be framed as not having a personal effect or were actively dismissed. For James, independence, taking on challenges and looking after others punctuated narratives, where he often had a hero or doer role. Perhaps suspicious of possible interpretations, after I utilise the word “desperate” to reflect his feelings and help-seeking, James remarks: “yeah, I was.. but I don’t think that would be a, like a.. me being a man thing”. My using the word “desperate” may have been inappropriate and contained infantilising connotations which James may have found particularly aversive, hence perhaps the shift where I became someone who could objectify him.

Whilst Leonardo remarks on his adolescent low self-confidence and his concerns over others’ thoughts about him being “a big issue” for him, he remarks: “it was not a thing of how other men see me at all, I didn’t care about it”. Presumably referring to having no specific concerns about being masculine, it could be argued that it is only through successful, background displays (Kimmel, 2016) such as Leonardo’s ability to “play extroverted at a party” that this dismissal is possible, as well as through a lack of witnessed transgressions.



On Picture 9, described by Andrew as “slightly feminine” and “unusual”, Luke also appears to react uncomfortably:

I could say there is a difference to what I have been in my internal perception of what masculinity is, [and] what that is. But then there’s a side which is, you know, capable of thought, capable of understanding and thinking.

He then highlights how moving to a city and his work made him “used to it”. He relates his ingrained discomfort to his sexuality: “because I’m heterosexual, I define beauty as effeminate, and emotional closeness as a maternal instinct or energy . . . whereas he’s a very good-looking, beautiful man”. Andrew also acknowledges his “slightly uncomfortable” reaction to the picture, citing “homosexual people” being unknown in his community, and school bullying towards those “a bit camp” – a word he uses to describe himself in school, but not “so much now”. He discusses taking up drama and how others could have “ridiculed” him as: “it’s slightly feminine thing to do”. Elsewhere, Luke remarks on a background “voice” demanding silence in vulnerability: “it’s more subtle, it’s just a feeling”. Although intelligent and able to reflect, it could be suggested that amongst other factors, such internalised homophobia is implicated in driving masculine selves.

a1. iii) “Lord of the Flies-esque”: necessity to “fit in” within masculine hierarchies



On Picture 3, Luke criticises how fighting can be “demonise[d]”, whilst it is “essential for a subset of males”, remarking how some men are valued for going to “war” and others for becoming “poets”:

I argue quite a lot with feminists who don’t identify with how hard it is to be a boy in a traditional working-class area. It is tough, you have to be tough. You do have to, I mean [if] I didn’t, I wouldn’t have got the education I got if I didn’t fight, if I wasn’t physical . . . my experience of school would not have been what it was later . . . like actually liking being there and having a sense of self. I don’t think bullying would have stopped, without being physical, in that kind of Lord of the Flies-esque environment.

Perhaps reflecting a change in his surroundings, and notably within the present context of an interview related to academia, Luke continues: “you don’t have to be defined as this, like, Neanderthal. If you’re intelligent, if you’re well-read, you get by”. Indeed, some other participants reacted negatively to the picture, positioning themselves more within Luke’s “poets” category whilst Luke seemingly puts himself in-between. Another marker of masculinity, physical aggression is felt as essential for him to have coped and survived.

Several participants spoke of sympathy for victims of bullying, identifying with their feelings and struggles to (James:) “fit in”. Sean describes being in a “lower hierarchy” of

“factions” in school, “trying to prove themselves as being tough”, needing to make himself “nonchalant”, to blend in and not be targeted. Suggesting a remaining relevance to his workplace, Neil also describes school bullying for perceived transgressions as rife and felt a targeting close by. He identifies himself as a “geek” and “sheep” in his early teenage years, until he “discovered” and trialled alternative identities. In some contrast he remarks on how being friends with “the hard guy” prevented bullying by association. On his teenage years: “I know anorexics, I knew gay people, homosexual, er bisexual people, or transgender, . . . when you get to meet people like that you’re like oh right, I’m pretty normal, quote unquote normal”. He also spoke of his father as from a “generation” of traditionalism and propriety; the family living in different countries and experiencing “racism”. On the picture of an unmuscular man lifting weights (Picture 8), he comments on now seeing a “kid” but may have once felt: “ugh, *this guy*”, connecting this to a wish to feel “normal” and a self-esteem derived from the idea of: “at least I’m not that guy”. His suggestion that some social groups “couldn’t care less” about others’ perceptions of them suggests historic admiration for such a perceived independence. He later emphasises awareness that others’ “external” presentations may be personas, but as the eldest participant, he indicates formerly perceiving an ideal which others are able to occupy. An “imposter syndrome” he later describes could also represent such negotiation of feeling an outsider and justifying his place whilst often referring to “alpha types”.

3.2.3 Category a2: “There wasn’t a lot of talking”: others’ expectations of masculine self-reliance and emotional control

A lack of interpersonal emotional engagement is represented across participants, particularly during childhood and adolescence where discussions of emotionality and forms of care were not sought or actively resisted by participants, or not provided by those close to them. In contrast, Leonardo and Matthew frame their families as highly emotionally supportive, with Matthew describing his parents trying to engage him when he seemed withdrawn, and not

feeling destabilised by frequent house moves. However, like all participants, particular emotions were held back from peers. This limited form of emotional engagement, where privacy around feelings prevails, or a more active repression or denial, is also suggested to be a marker of masculinity and this category contributes to concepts around its development (e.g., O’Neil, 2008). All participants reported majority-male peer groups until late teenage years.

a2. i) Familial recognition of vulnerability inconsistent

When aged 18, James moved to a navy base for an apprenticeship, contacted his family infrequently, and experienced “really bad depression”. Following his diagnosis, he gave his parents: “a brief outline of what was er.. yeah, what the doctor said”, eliciting the doctor’s expertise rather than giving a more personal narrative – to me and/or his family – also appearing to halt mid-sentence as if not finding or disclosing other words. His father, a “straight arrow sort of guy” focussed on enquiring he had funds for prescribed antidepressant medication. His mother suggested that having left home: ““you don’t have a vent, you can’t yell at your sister anymore””. Emotional impacts aside from displacing anger, or from being away from home for the first time were not suggested, or not reported in interview.

Several participants more explicitly indicated a limited emotional closeness within their families. Andrew describes a lack of “love”; his parents “unemotional.. so I was unemotional”. On his mother’s emotionality: “it doesn’t change me in any way”, and after losing a family pet, he “didn’t try and comfort her, because it was awkward”. He discussed how anger and blame proliferated within his family during his parents’ divorce. Asked if he has seen his father cry, he suggests an occasion in exception to the limited emotional contact, and very touchingly and openly shares the narrative shortened below. In reading, it is perhaps meaningful that this novel, sudden contact included the 2 of them being “broke

down” once feelings of vulnerability were introduced.

I think he did once when he, on Christmas day when.. I cannot.. I think we had an argument, I think he made me cry. And it was probably when I told him I was really depressed or something, was it? I don't know.. well it probably was. It's quite hazy, it was on Christmas day. And we, like, broke down a little bit I think. I couldn't look at him.

Luke describes his mother as “not very maternal”, not giving “any encouragement” and she left home when Luke was 3 years old. His single father: “volatile, . . . quite heavy-handed. . . I do remember being.. kind of treading on eggshells around him when I was young”, to not “set his temper off”. Luke later remarks: “I feel other people’s feelings quite intuitively” and suggests this may be from being vigilant and cautious around his father. Hence from a young age, Luke’s expressiveness was partly restricted for safety. But he also spoke of his father’s “maternal side”, which provided “as well as he could’ve”, with “a lot of love expressed”. Movingly, he reminisces on returning from weekend visits to his mother’s house, keen to communicate the implicit nature of his father’s love:

Heh, we used to have something called the Sunday night blues where . . . we’d sit on the sofa together, we’d cuddle, or watch telly, . . . it was just nice. That was the comfort, you know?

Aside from this nurturance (with the television present to frame it), Luke describes how they later recognised each other’s “depression” but “there wasn’t a lot of talking, . . . don’t think he really knew what to do with it either”.

Suggesting his parents “chalk and cheese”, Neil describes not seeing his father display “anything truly emotionally honest, my entire life up until his death”. As a child, “when you wanna hug”, his father would distract Neil, who learnt: “okay, that’s not what I get from

dad, I get that from mum”.

Sean specifically describes “love” within his family as “implicit”, reporting little emotion from his father aside from “cheering” or “shouting” at the television or frustration at “DIY”, and described limited support from his parents for his “overlooked” fears of contamination. In his early 20s, Sean’s brother passed away, and as his father hugged him, “I was like, okay, this is very odd. Even in like, I could appreciate the situation, but in my mind I was just like, this doesn't really feel natural, to hug my father”.

a2. ii) Independence as threatened through vulnerability

James’ independence appears particularly encouraged from a young age and he has been in work since aged 15. He describes resenting his family’s suggested perception of him as “the black sheep”. On his “depression” following his apprenticeship, he remarks he has “always” been “up and down”, but, “it’s always been something I can handle on my own”. James remains generally dismissive of a notion of sharing his fears and vulnerabilities: “well I just don’t think there’s any point, like, in.. like I don’t know if anyone really cares”.

In his 20s, Luke became “severely depressed” and struggled financially, but delayed seeking assistance from his family until he was about to become “homeless”:

Always put the illusion onto them that I was doing okay, . . . I didn’t want them to worry, I’d always want them to have this idea of me succeeding and being okay, without them. . . . In my head it was, that I had to deal with it on my own, I didn't maybe, I didn't wanna burden people with it, erm, it'd always get framed inside my head that other people have always had it worse. Like, in terms of, this isn't that bad, erm.. So.. and it was quite critical, in terms of that voice, of like, ‘deal with it yourself’. I mean, it wouldn't be as open or as loud as that, it's more subtle, it's just a feeling, like I don't feel I want to talk to someone.

Paul describes his father as a “brick wall”. On the vicious school bullying Paul experienced, his father visited the school and told Paul to: “fight back”. As a teenager, after “years” of being:

Separate, being very distant, instead of my dad asking, obviously, ‘are you okay, what’s up?’, it was always a case of: ‘why are you being so selfish?’ . . . There was never any ‘are you okay?’, and that.

Hence, Paul’s expressions of vulnerability were implied to either be his fault or an indulgence. From a young age, the notion of him (and other participants) as subject to emotional vulnerability appears distant. I felt a sense of anger towards Paul’s father, and we then moved on to discussing a visit to the doctor where Paul was told his feelings were part of “‘just growing up, it’s nothing’”. Anger towards the doctor perhaps felt safer for us to discuss, and he remarks:

If you’re constantly told ‘oh you’re being selfish’, . . . it makes you think oh, it’s just part of my personality, so it’s part, part of you. . . . If stuff like mental health’s not talked about, from when you’re younger it’s difficult to know if that’s normal or not.

Internalising anger, Paul was later diagnosed with depression, and his (then) partner “forced” him to tell his parents of this diagnosis. He was also seeking funds for private counselling after not wanting to attend group work offered by the NHS. His parents “digested the information”, his mother expressing: “‘well that makes sense’” and feeling “guilty”; his father: “frustrated at himself, frustrated with me as well” for not being told sooner. However, “I told him that and then, it was shutting straight back down, just not really saying anything else”.

a2. iii) Unspoken management of emotions within male peer groups

James and Neil describe friends’ intuition in encouraging them to socialise when they felt

down, with friends understanding their non-willingness but without naming it. Andrew also mentions being “*quite* [i.e., somewhat] open” with one friend in adolescence, suggesting some meaningful intuition and mutual identification.

On his adolescence, Matthew imagined his friends hypothetically “embarrassed” should he have disclosed emotional issues, whilst Luke suggested his male friends may themselves “feel uncomfortable” (using past and present tense): a sense of being unsure what to do with expressions of vulnerability in male peer groups. As Luke expresses, peer groups may also represent an escapism:

I had friends that I would go out with, but they would only get to see a very different side, you know, a pretence. Which, you know, was real, in some extents, but was, it was very surface driven.

This persona functioned but appeared in service of a sense of weakness in “depression”, and “denial” of Luke knowing: “who I was”.

3.2.4 Category a3: Internalised masculine critics: self-policing of vulnerability and dependency

Alongside an emotional, vulnerable part of self historically restricted, a more active self-mockery of emotionality and dependency was suggested. This corresponds to what I term internalised masculine critics. Such self-policing linked promptly to the viewpoints of others, crossing imagination and external reality (Frosh et al., 2002). Notably, masculinity begins to be conflated with an avoidance of deviance. Most specifically, the otherness, pitifulness and dependency of those constructed as “mentally ill”.

a3. i) Humorous mockery of dependency

James, Andrew, and Sean gave a mocking imitation of their adolescent selves hypothetically going to peers with emotional issues. A sense of dependency becomes evoked whereby the

imagined conversation partner gains control and has power to respond or cast judgement. Evidently, this mockery relates to my questioning around historical privacy of emotions (as mentioned in the introduction, questions adapted in later interviews) with participants indicating a sense of absurdity of disclosure, most applicable to friends of the time – the opportunities to do so not sought, set up or provided. Like others, Paul assumes my intuitive agreement: “it’s not really something you would say . . . [or] discuss with your friends”.

Reflecting on James’ stories of excitement, danger, heroism and single-handed responsibility, including around seeking justice for his experiences of crime, I remark early in the second interview: “you.. carry these things quite a bit”, and he replies: “I don’t feel the need to let everybody I meet know these things”. Using a mixture of past and present tense, James suggested concerns around his friends’ possible reactions to discussing feelings: “almost feel like they care, not too much, but always wrap me up in cotton wool”, with connotations of infantilisation and dependency.

In a childlike tone, Neil remarks on his feelings around the loss of his father: “you can’t tell people: ‘oh god, sorry, do you mind for a second, I feel guilty that I got annoyed with my father for doing this’”. Perhaps my question around keeping his feelings to himself was phrased poorly and may have been felt as accusatory, yet here he explicitly mocks and detaches himself from a person who is dependent and infantilised. Perhaps also testing for a response of laughter through the humorous undertone of absurdity. It implies a burdening of others, rather than perceiving (or indeed having) sources of emotional support. Indeed, few of his friends had also lost a parent, and Neil’s feelings of guilt were felt: “really embarrassing”, also remarking he needed a counsellor to be non-judgemental: “somebody who doesn’t care who I am, . . . doesn’t care if I’ve been a bad person”. Neil agreed he may have feared his friends “colluding” with his guilt, but regards this fear as unjustified, hypothesising how his friends’ support would have been “great, . . . I honestly think now,

like looking back, it was in my head”, giving an example of his then housemates who were “lovely people”, but perhaps tellingly, “alpha-male type people”.

a3. ii) Self-directed frustration and anger

Luke refers to his historical “block”, an: “internal other that restricts the language, or says there's a restriction in language, or, it kind of projects, the situation's dangerous that you shouldn't be sharing”; a vigilance to others thinking him “stupid” or “stumbling”, risking dismissal which he frames as learnt through his childhood experiences.

Like Paul, Andrew described isolated conversations with himself as teenager, attempting to make sense of difficult thoughts and feelings: “try and theorise everything, . . . try and solve it like a puzzle”. Seeing himself in contrast to others' perceived self-control, extroversion and sexual activity, this self-dialogue frequently turned to self-directed anger, including, “punching myself in the face”. Notably, Andrew remarks he wanted to be able to cry, “partially” as an acting skill for his career, but also because “it was a great release of frustration or anger or whatever”.

Paul's then partner, whom he reports “physical abuse” from (as named by a later partner), would berate him for struggling to talk to her friends, telling him to be “more of a man”, whilst he blamed himself and asked: “why can't I communicate with everyone else, and not have that, that feelings I was feeling?”.

Leonardo reports pride in his “internal changes. . . . I'm quite different to what I was when I was 16, 17”, remarking on his “shy[ness]” and being “too rational” with his “strong feelings”, “try[ing] to control that and repress it with my head”. Again, this reasoning was done alone, and one of the few occasions Leonardo switches to the third person is when he quotes an internal self-berating critic from his adolescence: “look maybe you're not good enough to have a girlfriend”.

a3. iii) Vulnerability and “competence”, “weakness” or “mad[ness]”

Andrew and Paul explicitly equate their emotional vulnerability with a historic sense of “weakness” in themselves, but not when seen in others. Neil uses the term “scary” to describe vulnerability, formerly not wanting to “admit . . . a need for help”. He dismisses the word “weak” as, “I don’t think I’m a weak person” – yet simultaneously indicating a notion of being cast with such a label.

Sean reports childhood admiration for particular “superheroes”, noting all were male, “helping the weak, sort of saving the world, . . . very, I suppose, competent. . . . If I couldn’t be this hero, could people save themselves, I guess? . . . That’s possibly where some of my problems have stemmed from”, referring to his contamination fears and “hero syndrome”. Strength, weakness and vulnerability in self and others (particularly female intimate partners) are repeated themes in Sean’s narratives, conflating “mental health”, “competence” and “infallibility”, and their opposites.

Other types of relating seemingly became available in late adolescence, often framed as intimate relationships with females facilitating a (Leonardo:) “feminine side”, “real validation” and “deeper conversations involving feelings and things like that”.

Simultaneously, Leonardo, Andrew, Matthew and Sean equate confidence (and physical appearance) with sexual success: Sean remarks on a former “impression” of, “sex as something they [women] have to do now and again”, and “something that they [men] kind of have to earn”, and:

After I had this epiphany of being heterosexual, it took me sort of a while to not only feel comfortable, sort of just interacting with women. . . . I wasn’t quite sure really what they wanted to talk about.

Sean’s “epiphany” gave rise to a sense of inadequacy from not having employment, “failed

courses” and not being “very experienced.. I suppose not only socially but sexually as well”; being “an underwhelming desirable mate” in comparison to a “breadwinner” image of a man.

Paul’s historic sense of emotional “weakness” is relevant to further narratives. He mentioned his grandfather’s “schizophrenia” and remarks of his father: “obviously he had physical violence when he was younger”. It is unclear why this is “obvious”, but just beforehand, he described his own isolation when distressed and concerns around others’ “perceptions, . . . not wanting people to think I was mad, shall we say”. Paul’s former concerns may correspond with historical portrayals of otherness amongst people with psychiatric diagnoses (e.g., Davies, 2013), whereby deviance, personal failure or loss of emotional control is suggested.

3.2.5 Category a4: “I didn’t want to think”: distraction, “escapism”, and self-regulating in distress

This category refers to regulating and responding to distress, and avoidance. Drugs and alcohol were mentioned frequently, as expected from literature regarding men’s self-regulation whilst external emotional support is not sought or provided (e.g., Kiselica et al., 2016). Work was also frequently cited as occupying time and focus, as well as video games. Likewise, Paul would buy items for “escapism” and a “moment of happiness”.

a4. i) “Reality” and masculine “fantasy”

Andrew would write stories of being the “hero, . . . dominating a big world”, with people in his life as subordinate characters, rationalising: “as reality drew less satisfying, more frustrating, fantasy grew larger and larger, as a means of escape”. He also spoke of frequently using pornography to “compensate”.

a4. ii) “The one who sorts things out”: carrying the burden during crises

For James, Neil and Matthew, their issues which were ultimately brought to counselling were particularly relevant to others close to them. Within this, a self-sacrificing discourse emerges where one must hold one’s own emotions in-check and provide or care for others. Following his experience of a crime, James described a concern for his friends as well as single-handedly attempting to find out information about the attackers: “there’s one of them I couldn’t get but it was the other 2 that I found out everything out about”, though this information inadmissible to the police. He spoke of “paranoia”, the attackers’ intimidation of himself and his friends involved, as well as a goading from other friends to regain honour. This taking-on of responsibility and justice appeared to counter the helplessness and sense of victimisation he felt, yet these feelings grew over time and as police investigations progressed.

Neil remarks, following his father’s passing: “I had to be.. the adult, I had to deal with everything, . . . all the paperwork, all the.. funeral, getting family over . . . It was about being tough, getting through it, being.. the one who sorts things out. . . I would spend hours and hours helping out family. . . A year down the line, I was still being that tough guy”.

a4. iii) “Controlled catharsis”, “time to disappear” and “surviving . . . day-to-day”

Neil expresses on his day-to-day living, before his bereavement counselling:

I wasn’t letting it go, I wasn’t addressing it, and therefore it was just, it was with me.
. . . Really being down, like crying for no reason, those kind of things. There’s obviously a reason, but.. it coming out of nowhere.

He remarks he was “drinking too much”, broke up with his “long-term girlfriend”, and was largely alone in his room watching television, focussing on his new job, or getting “obliterated” with friends on weekends: “time to disappear, . . . didn’t have to think about

it”, and, “it wasn't really.. existence”.

Luke also reflected on having “enough ways to distract”, including his “physicality”, work and gym training, positioning a physical space to find emotion:

That physical expression became that place where I could, like, ‘cause I couldn’t engage with that kind of psychological space, so that physicality became a place where I could explore that. And it was healthy, kind of, catharsis I think.

However, perhaps reflecting a conflict, other narratives speak of avoidance, a “block” or a countering. On the personal training industry more broadly: “that kind of external building up to protect an internal.. yeah, internal deficit maybe”. Later, on leaving education, he spoke about the impact of the tragic death of his young cousin:

Sadness, that.. stopped thinking, ‘cause I didn’t want to think. I didn’t want to engage with any more thought, any more loss, any more pain . . . and that’s when, everything, the real connection was severed. . . I had a car and could disappear and er, never really had to talk to people. . . I had a very physical relationship. . . I could shut it off, and put everything in boxes. . . I had that escapism which was enough.

Luke later described a fear that “everything will collapse”¹ if he had engaged with certain “thoughts and feelings”; the “suppressed” feelings suggested to be cumulative whereby it became increasingly “dangerous” to speak openly. He would listen to particular music, “if I wanted to feel emotion about [cousin]”. I risk introducing the word “control” and he responds:

Maybe that was the point though, it was of my own control, it was, yeah, controlled catharsis. Erm, not down to someone else. Because there hadn't been that other else,

¹ Notably, Luke’s wording parallels my own as specified in ‘2.4 Positioning the researcher’, as will be discussed.

there would always, in my head it was always just me on my own. And if there's a problem, try and, kind of, the idea I ask for help? It's something that's still quite alien to me.

He also remarks that a recreational drug helped him to talk openly and tearfully to his partner. Elsewhere, Luke positions how one activity may resemble escapism more than another: “real, in some extents, but . . . surface driven”. He suggests he “grew up my whole life thinking everything’s fine, . . . heavily suppressed” and mentions he could have benefitted from counselling and would “have to talk to someone one day, . . . part of me knew that”; “it seemed like there was a place where thoughts existed”, but he was only “surviving . . . day-to-day”; “there wasn’t anyone really . . . who could fulfil that, the therapist’s role”. His father had emigrated and they “didn’t have the conversation”, hence counselling was not suggested nor thought an option, whilst Andrew actively saw counselling promoted and normalised at his college.

3.3 Analysis B: Masculinity and initial counselling attendance and engagement

3.3.1 Summary of Analysis B categories

The categories of Analysis B can be found in Table 5.2. A desperation and need for external support were positioned by all participants, with mixed availability of pre-existing help and ease of access to counselling services. Expanding on the notion that counselling does not merge with masculine ideologies, results indicate that counselling could be framed as a giving-in or punishment for deviance. A sense of desperation could be required to counter concerns over attending counselling, which this analysis links to a fear of deviance and internalised masculine critics as introduced in Analysis A.

Pertinent to power dynamics within the counsellor-client dyad, negotiation of counsellors’ help becomes closely related to the operationalised definition of masculinity. Whilst these notions are featured in previous literature (Proctor, 2008) this section provides scope for its

analysis. I propose the anticipation and the experiences of power dynamics and professional authority within the counselling relationship to both restrict access to counselling – specifically amongst those who show investment in traditional masculine ideologies – and to ultimately enable its effectiveness. Helping their access, participants indicated strategies which countered their anxieties around the power dynamic such as imagining an intellectual exercise, denying or belittling the place of the counsellor’s subjectivity, or acquiring information about their counsellor. Although the practicality and apparent quickness of technique-oriented therapies such as CBT may appeal – perhaps through the fantasy of not having to explore, delve into feelings or relate to another person, rather than the intimidating, unknown, “couch” image of other approaches – a feared loss of personal power is indicated to remain relevant to CBT, or wherever unintroduced expertise (of practitioners) is anticipated. Results strongly support and contextualise Hammer and Vogel’s (2013) assertion that the actual imagery evoked around seeking help is of more relevance to actual help-seeking behaviour than hypothetical endorsements of statements related to help-seeking. Again, the fear of deviance and its relation to masculinity becomes foregrounded. Some pertinent themes and observations from interviews where our masculine subjectivities collided are considered, along with their relevance to participants’ counselling as well as more broad implications for counselling of men and masculinity.

Table 5.2: Category summaries of Analysis B

Code	Category title	Sub-categories	Description
b1	Women providing permission or justification to seek professional help	<p>i) “Go!”: direct permission facilitating bravery narratives.</p> <p>ii) Justifying attendance as considering others’ needs.</p> <p>iii) Catalyst of emotional engagement from women.</p>	Acquaintances (predominantly female) provided encouragement or more direct permission to attend counselling.
b2	“Deep like trip into the unconscious and this will uncover the dark secret”: expectations and initial experiences of mysticism and loss of masculine interpersonal control	<p>i) Suspicion of external “expertise”.</p> <p>ii) Imagining an intellectual exercise and reducing anxiety.</p> <p>iii) Mysticism maintained in a logical/practical approach.</p>	Participants report prior images of counselling, such as a psychoanalytic “couch” or something “magical”; anticipating a loss of interpersonal control.
b3	Shame in being “that guy in counselling” and negotiating constructions of deviance	<p>i) Counselling as a “last resort”: desperation or failure.</p> <p>ii) “Maybe I felt it took me out of normal society”: negotiating a perception of deviance.</p> <p>iii) “Embarrassment”, excuses and secrecy of attendance.</p>	Confidentiality is emphasised as reassuring; with concerns over others’ perceptions as linked with shame. A sense of failure, succumbing and deviance is again evoked.
b4	“I couldn't get enough out of me”: uncontrollable emotional release of “pent-up everything” in early sessions	<p>i) Metaphors representing intensity of release.</p> <p>ii) Negotiating emotional control.</p>	The emotional outpouring of early sessions is valued.
b5	“A very dangerous space”: negotiating masculine identity when engaging counsellors’ subjectivity and help	<p>i) “Weird[ness]” of counselling interaction.</p> <p>ii) “I don’t think she really got to do much talking”: anxiety and intimacy of professional authority.</p> <p>iii) Counsellors’ (and researcher’s) biased expectations of masculinity.</p>	Counsellors’ subjectivity and place as helper is negotiated, between being softened and being therapeutically recruited.

b6	“Freud talks about it, right?”: intellectualising, rationalising or softening disclosures	i) Techniques softening the positioning of emotional impacts. ii) Primacy of logic.	In interviews, intellectualisations, rationalisations and softening of disclosures were frequent, again negotiating listener roles.
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3.3.2 Category b1: Women providing permission or justification to seek professional help

Developing relationships, most commonly with females in late adolescence, appeared catalytic in encouraging professional help-seeking through their providing of direct or indirect permission. Paralleling this, James and Neil stated their keenness to participate in this research to encourage other men to attend counselling. Exploring themes of self-development, focussing on others, self-sacrificing and bravery narratives, the relevance of previous literature is apparent regarding external permission or coercion in men’s counselling attendance (e.g., Bottorff et al., 2014; Hoy, 2012; Liddon et al., 2017). With impaired emotion recognition, limited access to emotional support and internalisation of a critic assessing for weakness, extra permission may be required for some men to engage with professional support. This becomes central when considering promotional messages around counselling attendance.

b1. i) “Go!”: direct permission facilitating bravery narratives

A young woman whom James was “romantically involved” with helped him consider: “okay maybe can’t just handle everything all at once”. James quotes her assertively “telling” him to: “go!”, and “phone ‘em!” (i.e., contact a local counselling service), resulting in him saying to himself as if in brave response to her challenge: “shut up and do it”. As mentioned, an other-centred, self-sacrificing discourse where vulnerability is projected appeared elsewhere in James’ narratives, such as in protecting his friends from others’ aggression: “if it’s me I don’t really care too much”. A male friend had previously attended counselling (as James found out second-hand) and disclosing of his own considerations

enabled the friend to say: “‘it was good to, kind of talk to somebody about it’”.

b1. ii) Justifying attendance as considering others’ needs

As shown, a self-sacrificing, provider discourse is evoked when describing crises which affect others. Regretting not attending sooner and having focussed on his family’s needs, Neil sought counselling a year after his father passed away as a “bargain” with his mother, as he had: “kept telling her to go to counselling, . . . I said ‘right, if you go, I’ll go’”, hence framing attendance as helping her.

Matthew’s second counselling episode was at the “urging” of his female partner, specifically for his inability to orgasm during sex, whilst he “didn’t think it was really that big of a deal”; “it’s not the end of the world, so I’m not really gonna do much about it”. Her concerns surprised him and he felt “guilty” for not realising sooner. Hence, his attendance was framed on her behalf: “this problem’s obviously affecting more people than just me, . . . so yeah, I’ll go and see someone”.

b1. iii) Catalyst of emotional engagement from women

Following earlier work, Andrew applied for NHS counselling but then withdrew, highlighting how he had begun a new romantic relationship. For Luke, his partner had initial “doubts” about the relationship: “she couldn’t work out whether, if there was more to me or if it was just that surface presentation”. They “sat down” publicly and Luke told her of his emotional and language “blocks”, at the time “attributed to dyslexia” (a “pre-therapy” viewpoint). He describes his partner’s family member (a “psychotherapist”) as “the first person who termed it that my mum left me”, opening up a “rabbit hole” of emotional expression where he “connected with her [partner] in a way I don’t know if I’ve ever done with any other human being”:

She probably was the first person that I’ve ever met who openly went to therapy, . . .

meeting someone like that, having conversations on that level was very different. . . . It was nice to have someone who could see through any external pretence to, to the real me. . . . She could see that I could be very, erm, cut off, that she'd get in there and we'd have joined-up conversations, so we'd go deeper, we'd talk about emotions and, it was a nice experience, . . . she won't let me just go into my own shell, . . . won't feel rejection from me not talking.

For Sean, his incentive to seek help followed an employment training course, which included a task involving attendees reflecting-back each other's life history in pairs. This imposed interpersonal task would seemingly have been very novel to Sean, and he had an "epiphany slash love at first sight moment" with a female co-attendee. About her character, he replies: "erm, that's the thing, like, as I said it was literally the other person", as if a Madonna figure: "a flash of light came"; an "infatuation . . . without any kind of massive sexual sort of desires behind it". Profoundly, Sean describes this interaction as facilitating care or "love" for himself, as intertwined with love for her, after "being quite closed off emotionally". Sean remarks if he did not have "this heterosexual epiphany", he "probably" would not have attended counselling, framing his attendance to "improve" himself for a romantic relationship: "if I want this then I'm gonna have to tackle these problems, and I have to, I suppose, admit that they are problems as well" – his "hero syndrome" and contamination fears being "deeply ingrained" and "correct" to him.

3.3.3 Category b2: "Deep like trip into the unconscious and this will uncover the dark secret": expectations and initial experiences of mysticism and loss of masculine interpersonal control

Before attending, several participants suggested stereotyped images of psychoanalysis, such as Andrew remarking: "sitting on one of those long couches" (for Sean, "lying" down).

Further detail evokes a notion of being in a vulnerable position under the control of a powerful, knowing, almost mystical healer who can give or withdraw care, as opposed to an

equality beginning with a physical arrangement of furniture. A feared loss of interpersonal mastery as suggested to be striven for in masculinity is indicated. Such anxiety, as related to trust and recognition, is positioned as central to the interaction between masculinity and counselling attendance and initial engagement. In getting through and beyond this intimidating factor, much of the work may be achieved.

b2. i) Suspicion of external “expertise”

On Neil’s earlier school counselling, he remarks: “it was almost like I don’t know what they were going to tease out of me”, evoking a narrative of losing control and being under direction. James uses the term “expertise” to refer to his counsellor’s ability to “dig”, and: “pull stuff out of me”. Yet this is reflected on in hindsight after developing tentative faith in her trustworthiness. If told beforehand that she would “pull stuff”, it is likely this would have added to concerns.

Matthew expected from his first counselling “a lot of talking” but was otherwise unsure “what type of questions, . . . any kind of exercises so to speak, you know, stuff with cards or whatever”. Perhaps relevant given the use of photographic elicitation, this implies passively receiving an external, private knowing-authority. However, Matthew did not necessarily regard this as threatening.

Likewise, Sean provides an anecdote about his assessment session: after conversing with a woman on “reception”, “the assessor . . . was like ‘oh I was watching you to see how you were reacting to the woman’, because I suppose I had said about contamination associating to women”. Whilst this anecdote became salient and the “assessor” quoted, this secret “watching” cannot necessarily be considered a boundary violation as this does not appear to represent how Sean interpreted it. A trust in his counsellors’ “professional[ism]” later assisted with Sean engaging in his given therapy of CBT.

b2. ii) Imagining an intellectual exercise and reducing anxiety

Anticipatory fears of the interpersonal counselling dynamic were seemingly softened by imagining a rationalising, intellectual exercise. Luke described anticipating: “a thought experiment, . . . didn’t really put it onto myself that I’m gonna go to therapy”. Neil spoke of expecting “revelation[s]”. This would not necessarily involve being passive to a guise of scientific endeavour and authority: an expectation of a dyad intellectually contemplating thoughts, whilst the client has autonomy to withhold, mislead or reject formulations, perhaps assisted with anxiety around attending.

“Nervous” before attending, Andrew also anticipated “eureka moments” occurring. He sought an experienced counsellor to help him work through: “a big mass of confusion about what's actually going on, who you are, how you should deal with it, . . . you need someone like that to help you just de-fog everything and go: ‘*right, go that way*’”. Whilst generalising, through his wording and tone Andrew imbues his counsellor with the power to authoritatively dictate a correct “way” to go. Such a dichotomy of right and wrong is something Luke describes as being tempered within himself. It appears to have a relevance to a reification of logic and reason which several participants describe holding historic psychic investments in, as if a ‘correct’ way to think would be liberating. Again, emotionality is positioned as problematic, illogical and obstructing, rather than assisting of decision making and in need of expression. Counsellors are positioned as fully objective and intellectually authoritative. However, I would suggest this could be particularly aversive for many men – as if a failure of self-reliance is necessary for attendance, which risks being implied when promoting therapeutic services. For Andrew, his attendance did seem to result from desperation, yet as will be discussed, how he benefitted from counselling seemed to go well beyond mere guidance from a distant, intellectualising expert.

b2. iii) Mysticism maintained in a logical/practical approach

Leonardo jokes that he “picked the less rational therapy [“humanistic”] to compensate” for his “rationalising” and “thinking too much”. However, he also self-mockingly indicated a former wish for tangibility: “I idealised therapy a lot before going, you know like: ahh, this really deep like trip into the unconscious and this will uncover the dark secret of like what is anxiety. . . Ah, now I understand the reasons for my anxiety, boof, it disappears”.

Sean suggests that he was not “aware of how varied OCD was” and saw “psychologists” as having the capacity to somehow “tackle” it. Although Sean somewhat remains with a discourse of being *fixed*, he indicates how a directive approach can maintain a mysticism whereby logic can be applied to issues and concerns, but this cannot be enough, despite being somewhat implied in some service descriptions (e.g., NHS England, n.d.). Sean describes being already aware of the questionable logic of his contamination fears, hence reported a vague sense that something more must occur in treatment: an unknown extra. He spoke in sarcastic mockery of his prior expectations of being “cured, inverted commas, within 4 to 8 weeks, . . . it would magically just go away”; passively receiving treatment: “[a] magical problem solver to throw me these logical equations into why I thought this way and, like I said, like a magic pill, . . . that's it! I could think like exactly logically”.

3.3.4 Category b3: Shame in being “*that guy in counselling*” and negotiating constructions of deviance

This category also follows the earlier description of an internalised masculine critic. Alongside distress and threatened independence, counselling could be regarded as a giving-in, failure or punishment for deviance. All participants emphasised their keenness for attendance to remain private, particularly from peers. Hierarchies of masculinity (Connell, 2005) which participants suggest being party to are relevant to constructions of “weakness” and discourses of submitting to counselling attendance. As discussed, being overwhelmed

by emotion within counselling appears as a notable anticipated fear. Although concerns over deviance and an internalised critic are notions created here which provide a frame to this fear, an analytic perspective may be more interested in a belief that “everything will collapse” if certain thoughts and feelings are engaged with. The working definition of masculinity implies that for women, it may be more likely that emotions designed to encourage help-seeking (Fonagy & Allison, 2014) are not so distanced from early on in development, and Luke spoke of the increasing cumulative “danger” of disclosing whilst counselling may suggest it necessary. As Neil describes a denigration by others of “*that guy in counselling*” who has failed a masculine code of stoic silence, there may be an identification with distant, dangerous parts of selves to be rejected. Neil and others are able to recognise such discomfort and disdain as externally constructed and learned through experience. That is, originating from themselves and their own histories where social rejection has featured.

b3. i) Counselling as a “last resort”: desperation or failure

Aged 21, Andrew felt “abandonment” after an intimate relationship ended: “I was driving myself insane with the thought of her being with someone else. . . I felt inferior to the guy she would have been with. . . . Fear that.. she was doing all the things that I wanted to do”. Andrew attended 5 sessions of counselling as he “needed the relief that badly”, the need “greater” than his concerns over attending. As Luke said, there had been no-one else who could fulfil “the therapist’s role”, to help test and provide perspective over these masculinity-related concepts of seeking dominance, self-control and conquering. For James, his desperation also seemed to represent a sense of failure, such as being unable to regain honour or protect his friends following a crime. He reported a “distraught” state whereby he “didn’t really have any other choice” than to attend. Sean also speaks of a sudden, “desperate” urgency following his described “epiphany”.

Although Matthew suggested his earlier counselling a “last resort”, he and Leonardo appear more open to the idea of counselling, instigating it themselves and supported in their access. Matthew states a friendlier notion on his subsequent attendance, implying a greater security of self-concept: “I’m someone who needs help with a problem, and this person’s qualified”.

b3. ii) “Maybe I felt it took me out of normal society”: negotiating a perception of deviance

This sub-category refers to concerns around attending and initially engaging in counselling, yet also relates to our (participants’ and my) interviews and what subject positions are occupied or avoided. For Andrew (speaking in past and present tense) attending counselling could mean: “it becomes real, . . . you’ve got something wrong with you.. it’s quite serious, *you are depressed*, it’s a fact. . . And it makes you into.. one of those people, who is depressed. . . . Maybe I felt it took me out of normal society”. In the “society” referred to, perhaps others are caricatured as emotionally fragile and dependent, whilst those more “normal” can triumph over adversities with no need for understanding and empathy. Or rather, other people are not considered sites of comfort due to past experiences or lack of prior help.

Andrew described escapism and conversing with himself as “easier”. His decision to attend counselling was assisted by its promotion and normalisation: “seeing it as part of, as part of the college, . . . presented as an opportunity for people to talk, . . . more approachable, . . . wasn’t so intimidating, very anonymous as well”. Furthermore, counsellors: “won’t use this information against you”. Pertinent to our interviews, Andrew describes historically restricting disclosures and sensing a risk of others to: “run with it and come to a conclusion, . . . maybe they’d figure out something about me that might be true or not”. Feeling shame and lacking “trusted” support, Andrew felt that others knowing his attendance and the reasons for it made him vulnerable:

[It] can do a great deal of damage. . . Through the eyes of other people they might cast you as a particular thing, like, but a wrong thing, erm, someone who is weird, or someone who is a freak, or is sick.

His family were unaware of his attendance, and by maintaining privacy, the guilt and anger he described within his family, particularly around his parents' separation could be segregated from his counselling engagement. Again, as operationalised in the working definition, masculinity is related to interpersonal trust. Andrew's intellectual generalising here, though relevant to his own experiences, does maintain a distance between us. If there was ambiguity and judgement felt risked, he could be in the driving seat of intellectualised objectification through positioning his own thoughts and feelings as normal, standard and shared by others. Indeed, they are understandable, yet I was not always trusted to come to my own understanding.

Around his concerns over attending, James mockingly impersonated a falsehood in (unspecified) others, remarking: "they're like 'oh we don't judge'". He spoke of perceiving his counsellor's genuineness yet always remaining unsure of her "pay-cheque" motivations. On her "cold front" and limited self-disclosure, James refers to a discussion with counsellors he met socially, positioning a need for safety from clients who are not "mentally stable" and may "stalk", hence needing to "keep their personal and professional separate". James later emphasises that counselling "isn't just for a certain, like.. type of people", but, like Andrew, may have negotiated with a connotation of deviance. Again, this becomes pertinent to our interactions and the level of trust risked, dependent on the psychic templates of relationships brought to our interactions and perhaps most relevant for other males, regarding how another will respond in terms of judgement or care.

Neil also suggests such negotiation, frequently self-comparing (within interview and as reported) to "different" people, the "hard guy" or the "alpha types", groups who may

disapprove of counselling attendance (Addis & Mahalik, 2003). On privacy, Neil introduced the terms: “*that guy* in counselling”, referring to someone singled out and positioning this notion as definitive and universal: “hate to say this, but it’s true, like everybody has that feeling of I-don’t-want-to-be-that-guy”. He expands: “I don’t know what ‘that guy’ means, but..” and associates to witnessing school bullying and targeting of those who committed perceived transgressions. He also makes a point to avoid the word “depression” regarding his grief, citing someone he knows who has “clinical depression” and “plays the victim”. He reported feeling a “fraud” in earlier school counselling: “there’s somebody probably really needs this whereas I don’t”. Presumably, this “somebody” is seen as more vulnerable and perhaps more occupying the notion of “that guy”. He considers counselling would have been helpful earlier, but stigma prevented him whereby others could find out and: “take the mickey, . . . label me”, linking to another school pupil who had witnessed his parent’s murder, who hence, “had obvious, obvious mental problems, . . . really not that normal”. Neil later remarks on his counsellors’ reassurances that his feelings were “normal” and his sessions confidential. On his later counselling, “I just need to have somebody I’ll never see again, . . . just to say all the things I’m embarrassed about”. He further suggests protecting himself when describing how he would catch himself “lying” in initial sessions, but could reflect on it: “thinking, actually I’m lying, why am I lying to this person?”, although he does not report discussing this with her.

b3. iii) “Embarrassment”, excuses and secrecy of attendance

Matthew emphasised his keenness for his counselling attendance aged 17 to be private from peers: “you don’t wanna do anything that could be seen as, you know, weird or whatever”, and at the time, “admitting that you’re going to therapy or getting some kind of help, I think is quite embarrassing”, with Matthew already feeling “different”, attributed to his nationality and Asperger syndrome. He adds:

I didn't really have an excuse to be going to therapy. . . I'm just feeling a bit miserable, . . . a bit socially awkward. . . . They would have said: 'well you don't need therapy for that, I think you're just over-reacting' or whatever.

Such real or imagined critics, whom many participants quote, evoke disapproval as if Matthew's distress was: "a little bit nothing-ey", rather than, "incredibly traumatic, then I think people would be more open to the idea".

Feeling "embarrassment", Sean remarks that he went to the doctor for an unrelated medical excuse to: "get me in the door". Unsure why he wished his attendance to be private from his family, a wording he strongly affirmed was a fear of being "dismissed", also utilising the word "freak", matching Andrew's word. To his parents, he "made an excuse that it was because [of] my brother's passing". Considering it further, he suggests how more formally "involving them . . . would have been potentially crushing" as they may "blame themselves . . . about their own sort of parenting, to sort of maybe let it get to that extent".

In contrast, during Matthew's second counselling episode at age 24, he was more open with his friends and engaged their support. He also reflects: "at university . . . I suddenly sort of felt, it was like this utter freedom I felt. Because it was just this realisation that, well who cares if I'm different? Or who cares if people think I'm a weirdo?". Luke (attending psychoanalysis at an older age) and Leonardo also speak explicitly of a pride in attendance and greater openness with friends, a taking control and "facing" themselves evoking a bravery narrative.

3.3.5 Category b4: "I couldn't get enough out of me": uncontrollable emotional release of "pent-up everything" in early sessions

Participants suggest a build-up of affect with the interpersonal release of counselling as significant, novel and ultimately wanted. Sometimes framed as a loss of control, James remarks he "broke down crying, heh", again suggesting a giving-in, sniggering after this

admission and not emotionally connecting with the memory when sharing with me.

However, he added: “I remember thinking like, I couldn't get enough out of me”. Men’s feared loss of emotional control when attending counselling as suggested in literature (e.g., Addis & Mahalik, 2003; Nicholls, 2014) appears to represent a real fear, yet individuals may know, “deep down” that a release is needed, and belief in the professional frame of counselling may permit this fear to be navigated.

b4. i) Metaphors representing intensity of release

James, Andrew and Neil describe an emotional outpouring of crying during initial sessions, using water (e.g., a “torrent”), weight, or “explosion” metaphors where the voluminous and not-usual nature is emphasised. Andrew remarked:

I could feel a huge amount of.. grr, something horrible . . . pent-up. . . I looked forward to going, to cry, . . . it felt like a huge, massive mucus-ey, black gunk that I wanted to go boomp and get rid of it, erm, which I did through crying, to some extent I guess. Which is a far healthier thing than punching yourself in the face.

b4. ii) Negotiating emotional control

Neil anticipated being embarrassed around “releasing” in his bereavement counselling. However, he clarifies, “there’s part of me that probably hoped that would happen, . . . deep down”. Comforted by the idea that his counsellor would have seen “hundreds, thousands of people cry, . . . but, before that, of course you think that, like you don't want somebody to see you blubbing in the corner”. Elsewhere repeating the term “blubbing”, evoking something weak, pitiful and emasculating, he also describes “putting on the, er, waterworks” around the time of his parents’ separation, implying purposes of deliberate manipulation rather than a less controlled response. His initial bereavement counselling sessions involved: “a flood, . . . dam breaking, uncontrollable emotion pouring out” after “a year-and-a-half of

pent-up everything”. He hypothesises an alternative where, “deep down I really wanted to smash up a room, . . . to let loose somehow somewhere, in any way”. On the usefulness of his counselling: “for me, 95% of it was just that first, just being able to release”.

Luke suggests a more controlled and paced release. Sean, also suggesting a build-up of unprocessed, uncommunicated difficulties, remarks that he used to “shake” during early sessions, with, “all this tension that I kind of tried to hold back, and I feel like, slowly let it out, rather than letting it spray and fizz everywhere”. Perhaps sensing similar dangers, at the end of interview he noticed being “slightly shaky” though not noticeably overwhelmed and open in disclosing this. The messiness of emotionality and unknowing, felt threatening to a “competent” (Sean’s repeated term) and in-control masculine sense of self can become more permitted.

3.3.6 Category b5: “A very dangerous space”: negotiating masculine identity when engaging counsellors’ subjectivity and help

Regarding the potential clash of counselling with masculine identities, this category relates to notions of occupying an interpersonal space and underplaying the role of counsellors’ subjectivity and care, defending against anxiety as represented in a suspicion of counsellors’ “expertise” as earlier described. My occasional feelings of exclusion during interviews are considered meaningful and are suggested to represent factors beyond errors in my responding.

However, in beginning to consider the ways in which masculinity interacted with stages of counselling beyond initial attendance, this category also considers the helpfulness of work achieved in counselling, hence adding context to literature theorising how masculinity is seen, managed and addressed within counselling (e.g. Strokoff et al., 2016).

b5. i) “Weird[ness]” of counselling interaction

On his earlier, school counselling, Neil described the “uncomfortable experience” of “her

looking at me, . . . not like having a conversation, . . . they're trying to tease things out of you", and when "you want to please, . . . with somebody who's helping you out, it's a weird interaction".

As other participants indicated, this "weird[ness]" may reflect the novelty of differences between counselling and other interactions, such as the focus on the client's vulnerability or counsellor's tactical use of feedback and self-disclosure (e.g., Lemma, 2016), potentially threatening interpersonal control. The perception of counsellors as "trying to tease things out" is contrasted with trusting counsellors to pace, hold, use their professionalism and not police vulnerability. Such trust may be gained from prior experiences of emotional support (Fonagy & Allison, 2014) suggested to be limited amongst some participants, as a marker of masculinity. Accordingly, participants could maintain a certain authority over our interview proceedings, such as Neil indicating "for the tape" which pictures he selected. Such authority was friendly and polite, yet it seems to mark competition and place within who does what to whom. In other words, my (the listener's) engagement is managed. Seen frequently in interviews, this includes using humour with its obligatory response of pleased amusement (Baxter, 2010). Somewhat contrasted with other narratives of professional, jovial or humorous storytelling, Neil also openly indicated aspects of his confidence lacking. Hence, such stories may be performed in anxiety rather than allowing more interpersonal reflection. As Neil suggested: "I still suffer a bit from that right now. If it, I always feel like I should be talking". Likewise, Luke jokingly remarks on his thought processes when beginning counselling: "I can tell a story, but you actually want me to.. discuss?!".

b5. ii) "I don't think she really got to do much talking": anxiety and intimacy of professional authority

Referring to his emotional outpouring in initial counselling sessions, Neil remarks: "a brick

wall with a face on it, would have probably got the same treatment”, jovially dismissing the significance of his counsellor’s presence. James, describing later processes of counselling, indicated how his counsellor’s Socratic method allowed his autonomy to be maintained:

She wasn't saying: 'right you need to do this', she was kind of helping me to realise that it was what I needed to do. . . . She just managed to pull stuff out of me . . . that I wasn't thinking about until I actually bought it to the table.

However, on how he “broke down crying” early on, James also suggests “I don’t think she got to do much talking. . . I was mostly having a conversation with myself, she just happened to be present”. Relevant to our interviews where he could talk at length or guess my possible objectification of him (e.g., “I don’t think that would be a, like a.. me being a man thing”), he acknowledged his “trust issues” and concerns over being “not really that cared about”, felt “the whole way through” his counselling. He suggests some temptation and autonomy to “walk out” in initial sessions. Like Neil, he described the experience as initially “weird”, seemingly conflicted between seeing his counsellor as caring and professional: “this was work and this was a job to her”. James explicitly states his counsellor as having her own external life; his interest in her made salient such as her being a “single mum”, yet he struggles to remember her name. Perhaps this information served to clarify whether what James brought was acceptable and worthwhile to her (notably a mother), or this seeming awareness may represent seeing her as human, flawed and disappointing (Kohut, 1977). Or, such awareness lessened her potency, with feedback otherwise not forthcoming in her “cold front” and an emerging therapeutic need to consider his own, openly acknowledged “trust issues”. Here, an effect of counselling begins to emerge on the relationship between masculinity and genuine interpersonal trust.

On Andrew’s initial experiences: “I quickly realised it was just me talking, basically. It’s quite simple. . . . Talking, for the hour, in a big stream . . . at my pace, I was able to dictate

as erm, I saw fit”. As described, Andrew’s assertion of the counsellors’ role to: “de-fog everything and go: ‘right, go that way’”, and his position that a counsellor: “always remains impartial, looks at it from, from behind a glass almost”, prioritises the salience of authoritative guidance from objective expertise. Elsewhere, Andrew suggests a complex relationship with authority. On his father, he remarks in annoyance: “my dad was incredibly manipulative. Still is to an extent. Extremely. He even has handbooks in his house, and I think one of them read: How to Control People”. Andrew may have sought professionalism within his counsellor, but his positioning of the authoritative, logical aspect softens this. His prior researching of his counsellor’s background allowed Andrew his choice and judgement as well as maintaining his ability to be in control. He had previously indicated to a counselling organisation that he did not wish to see a trainee as he considered his issues so “large” and felt a trainee may put him in a position of being used “to essentially practise on”, with their needs prevalent. In interview he intellectualised often, and with my occasional sense of feeling excluded as a witness, something more dyadic or intimate may have initially appeared more threatening, suspicious or unwanted. Notably, he frames his first counsellor as making a professional mistake around his disclosures of his frequent pornography use:

She said something like this, erm: 'how, how do you think I would feel?' And she was making a point that, as a woman, 'how do you think I would feel?' And that, I think that was a, it threw me a bit, I thought: is this now personal? What's happened here? There's been a shift.

I do not regard it likely that Andrew’s admission to his counsellor had aggressive undertones, for example he did not suggest that he had described his pornography use in graphic detail. But perhaps his counsellor had also felt my fleeting sense of exclusion and responded by citing her subjectivity – as if becoming the “brick wall” Neil described.

Interactions with all participants felt more dyadic, open and personal as we progressed.

Like Sean implied on being “slightly shaky”, Luke also openly reflected on feeling “anxiety” in our first interview, somewhat berating himself when reading the transcript for allegedly being: “quite factual, . . . as opposed to, not being very emotive, or expressive. It was quite staccato”, positioning some failure of emotional expression, as if anticipating resentment (although I did not regard him as distant). As mentioned, he could frame the development of his “blocks” and at times “did not want to go there” during his psychoanalysis sessions. He spoke in detail on his psychoanalyst’s place in their work, including describing her as a “mother figure”. Luke recalls, initially:

The space felt like it was a very dangerous space, I didn't feel comfortable. I wasn't on the sofa, I'd sit opposite her. So I could see her . . . And it was a lot of pressure to, to open up, to feel like I had to open up, like I had to talk, like I had to have this constant stream of, of thought.

Asked if he felt this pressure from her, to “go there”, he replies: “no, er, the opposite”, further owning his anxiety. As James, Andrew and Sean also suggest, Luke began to learn of his counsellor’s benevolent professionalism.

In some contrast, Matthew and Leonardo appeared notably relaxed in interviews, discussing or volunteering their feelings after pausing and reflecting, with continuation responses (Rizq, 2002) often sufficing. As Matthew noted: “I don’t really have a filter”. Later, he remarks on a mutuality between him and his counsellor, otherwise suggested in literature to be discouraging for help-seeking when masculinity is theorised (e.g., Chu et al., 2005; Gillon, 2008): “therapy is a two-way thing, . . . she might have wanted to know more about me”. Although suggesting an openness to receiving help, Leonardo also spoke of having initial difficulties occupying the counselling space, reporting being “restless”.

b5. iii) Counsellors' (and researcher's) biased expectations of masculinity

Another possibility implied in Andrew's counsellor's reactions to his disclosures of pornography use relates to her agitation at pornography and what it represents. Whilst Andrew may well have needed support in developing his perspectives on people and relationships, to his counsellor he perhaps became the object of a male who condones or encourages women being depicted purely as sexual objects.

Perhaps related is Paul's and my own anxiety around his disclosing of his former partner's physical abuse, and the reaction of his counsellor and me. He tells of an incident of abuse and was vigilant of my reaction. After a pause, I responded with: "and what did you do or.. how did you respond to that?". I was trying to be neutral, appropriate to context and meant this as a continuation response. Consciously, I did not expect him to reply by describing an active response (i.e., to the abuse) and was more interested in his feeling response. But an apt question is whether I would have been as likely to ask the same question of a female, or something more along the lines of: 'what happened then?' or, 'how did you feel?'.

Somewhat ambiguously, Paul responded: "erm, nothing.. No the therapist asked me that, 'did you ever want to hit her back?' And I was like no, it's just, it wasn't, it's not something that's built into me". Although we seemed to move past it, I regret not clarifying with Paul if he had assumed my judgement, or indeed if it had emerged. But as indicated, a sensitivity or likelihood to being stereotyped has relevance for several participants.

3.3.7 Category b6: "Freud talks about it, right?": intellectualising, rationalising or softening disclosures

This category focuses on occurrences within interviews yet remains connected to what participants more directly reported of their counselling. Although perhaps most relevant to expectations of academic, middle-class individuals (e.g., Diehl et al., 2014), intellectualising is linked to the working definition of masculinity in terms of an objectification of nature and

consequent distancing from participants' own personal vulnerabilities.

Partly due to researcher errors, intellectualisation and rationalisations were seen frequently, as if reverted to. This could defend against staying with painful thoughts, feelings and events, as well as avoid connotations of more personalised narratives of vulnerability. In context of our interviews, intellectually locating oneself such as within gender also appears to convey a competition between ourselves, or a mastery within our interpersonal setting. As described, some participants related the secrecy and confidentiality of their difficulties and counselling attendance to concerns over the possible (or real) conclusions and categorisations drawn by others outside of their control. Hence, intellectualising also served to soften my role as listener or interpreter.

b6. i) Techniques softening the positioning of emotional impacts

Most notable early in interviews, when an emotionally meaningful topic was suggested, focus could shift promptly, or disclosures could be softened with laughter, self-deprecation or jocular profanity as if self-policing or negotiating possible judgement and discouraging focus on emotional content. For example, on Paul's mother leaving: "she passed me over to my dad, heh". Likewise, words underrating significance, such as James' "a little bit upset" or Sean's "sort of", can serve to allow dismissal. James, Neil and Sean also frequently made background, technical details salient (e.g., dates; ages of characters), maintaining personalisation yet diverting attention. An obvious response was to not match such laughter or casual jocularly after what could be described as tests of listener responses: invitations to descend into safe, humorous camaraderie or intellectualising. With anger most frequently volunteered and sadness withheld, a sense of needing to clarify emotional impacts of events often occurred. Clarifying could seemingly facilitate permission, and this could include matching generalising, but risked bordering on a collusion in avoidance. For example, James described an attempted robbery: "and then they obviously tried to take all our stuff.

We got away unharmed and all this sort of stuff..”, and I responded: “still, this can be scary”. After Luke compares his own experiences with his father being “kicked out” by Luke’s grandmother, he concludes in a jovial tone: “it just had to be done, . . . Freud talks about it, right?”. Whilst Luke’s understanding may well be helpful, he dilutes my option to objectify him by getting there first. Again, it was important to avoid matching the “it” terminology.

b6. ii) Primacy of logic

James reports a “stubborn[ness]” colliding with his mother’s, also remarking: “every argument I have is very calculated, I won’t argue with somebody unless I know for a fact that I can win it”. As indicated, logic was frequently positioned as facilitating control and triumphing all emotionality, as Andrew described when distinguishing men and women. As mentioned, Andrew and Paul report historic conversations with themselves where they attempted to apply logic and reason to their difficulties and adversity.

Most participants position counselling as a mixture of guidance and interpersonal emotional support, such as Paul stating his counselling provided “explanations” and served: “like a, a mother and father. So I’m very strict. So strict, and then the therapist’s the voice of reason”.

3.4 Analysis C: Influence of counselling on masculine identity and gender expression

3.4.1 Summary of Analysis C categories

There were blurred boundaries between what participants gained in terms of their individual counselling goals, their relationships with their counsellors and work achieved, and how their masculine identities were altered alongside their broader personal development. Yet the categories identified (Table 5.3) suggest that the theoretical approach, goals and other features of counselling affected the availability of different gendered positions of emotionality and interpersonal relatedness. In turn, this depended on where participants started from, their masculine selves and what support networks were already present or

becoming more available. Accepting vulnerabilities and “weaknesses”; interpersonal learning; future help-seeking; autonomous questioning of identity; personal authenticity, self-acceptance and a reduced need for a masculine persona were all featured in participants’ counselling. Hence, this research finds that counselling can complement a developmental process whereby particular features of masculinity, which affect wellbeing following stressful life events, can adjust through age, new relationships and experiences. Opening perceptions, encouraging mentalising and relatedness to others were all factors which affected masculine ideologies, particularly those related to dominance, self-destructive behaviours, anger and avoidance of emotion. Interpersonal factors in counselling and the use of the counsellor’s subjectivity are indicated to be key to this process. However, some narratives also indicated a remaining desired mastery of emotionality, interpersonal control and ability to nonchalantly withstand “torrents”. Particular forms of therapy appeared to either avoid interpersonal factors, endorse a reification of logic or reason, or a projection and distancing from one’s own vulnerabilities and a triumph over “weaknesses”, merging with a masculine ideology. The mixed order of the categories represents these apparent conflicts. An importance of engaging with young men during the developmental stages of adolescence and early adulthood is strongly indicated, whereby unleashing the accumulated, emotional “bottle of fizzy drink” later in life may be felt increasingly “dangerous”.

Table 5.3: Category summaries of Analysis C

Code	Category title	Sub-categories	Description
c1	“To be able to expose this formerly very fragile, naked quality”: acknowledging vulnerability and reducing the need for a masculine persona	i) Practical and interpersonal factors as meaningful. ii) Reducing the “sting” of vulnerabilities: “the world hasn’t ended”.	To varying extents, counselling involved acknowledgement of vulnerabilities; a “sting” taken from issues, facilitating interpersonal learning.
c2	“Oh, this isn’t me”: maintaining desired mastery of emotionality	i) Space of vulnerability as not-me. ii) “There’s no point in me getting worried about it if nothing’s gonna change”.	Simultaneously, and arguably dependent on the modality of counselling, an imagined or desired mastery of emotionality is indicated.
c3	“Quite a new revelation, to be open with people”: counselling facilitating help-seeking	i) To not “feel too pressured to maybe be almost closed off”. ii) Enabling dialogue with loved ones.	Counselling encouraged other interpersonal engagements (or future counselling); improving relationships.
c4	“I’ve come out the other end, like, a lot of a stronger person”: contrasting with prior “weakness”	i) Narratives of triumph. ii) “I feel like I can kind of take on anything”.	Considered meaningful terms, variations of the words <i>strength</i> and prior <i>weakness</i> are utilised.
c5	“Okay, well this is the way I am”: authenticity and questioning aspects of masculine selves	i) Reality testing of self-perception. ii) Attitudes and investments around gender. iii) Emulation and authenticity. iv) Questioning masculine infallibility.	Counselling is suggested to enable an authenticity where aspects of gender performance are positioned as helpful or unhelpful for wellbeing.

3.4.2 Category c1: “To be able to expose this formerly very fragile, naked quality”: acknowledging vulnerability and reducing the need for a masculine persona

The novelty of counselling with its opportunities to interpersonally express fears, issues and emotions, and reflect on internalised masculine expectations of independence and stoic emotional control has relevance for all participants. Interpersonal, insight, practical and action-focussed elements were all considered helpful – partly depending on goals and counselling modality, but a combination generally preferred. With defences adjusted, greater

openness to emotional support from others associates with a decreased need for masculine personas.

c1. i) Practical and interpersonal factors as meaningful

Predominantly, Andrew highlights the action-focussed elements and encouraging of “grit” of his later counselling, considering the “just talking” of earlier counselling insufficient: “you feel a bit better, maybe”. However, he felt it was a mistake to not continue and otherwise highlighted the importance of expressing emotion interpersonally: valuing “things” brought up which he may have thought “closed”, countering his self-blame and to “look at different angles, . . . perspectives which you might not have thought about”. Through counselling, he had “discovered” the impact of his father, implying a process of scientific endeavour: “a source of a lot of pain and frustration and so on and so forth”; here somewhat appearing to dismissively select from a script. But quite profoundly, and with subsequent examples, he reflected on a process of self-discovery:

Ten years of my life I lied to myself, . . . about certain things that were too painful, erm, and, . . . because of that, I didn't know who I was, . . . had no sense of identity, didn't know what I wanted, I, just going, with the flow, and it wasn't my flow, it was, because I had no self-esteem.

He implies his counsellor facilitated him to take risks at his own pace and volition. On what he “shared” during counselling:

I thought: oh a year ago I wouldn't have been able to share that; a month ago I wouldn't have been able to share that. . . . There's a bit more trust there perhaps, . . . to be able to expose this formerly very fragile, naked quality.

Andrew, James and Sean emphasise how their CBT has been a collaborative, joint venture of problem solving, action and challenge, with Sean remarking on seeing “results” within

his decreasing rituals and anxiety levels, which he linked to becoming more “expressionable”. But he also expressed he “wanted to tell” his counsellor feelings as they occurred rather than wait for his session, and otherwise emphasised interpersonal factors: “I kind of felt like maybe that’s what I needed, was to tell someone. . . Went my whole life without telling anyone about these feelings”. The outcome of his subsequent “counselling” is described qualitatively differently: “[it] gave me a sort of viewpoint to look on, and reflect upon”, referring to his “hero syndrome” and “fear of failure”.

c1. ii) Reducing the “sting” of vulnerabilities: “the world hasn’t ended”

From counselling, Luke could reframe a self-criticism as a feeling state, originating from his experiences: “a mechanism for understanding it, rather than the problem being, the source being me”. He felt the live interpersonal aspect helped him recognise and address when he felt “blocked” and what may be being defended. He reports a “duality”, “another part” which “was scared, doesn’t wanna open up, doesn’t wanna talk”, but his psychoanalyst: “allowed me the space to stutter and stumble and to be closed, and to help me through it and help me pick apart those blocks, and really highlight it”. Admitting “things” were not “okay” would not mean the “collapse” or “falling apart” he had feared. He describes initially finding the silences “really harsh”, with “some worry about rejection”, but could verbalise these feelings; the frame providing a space “to share, to feel safe”, lessening his “pre-think” censoring. Similarly, Leonardo, on practising “mindfulness” in counselling reported a prior “restless[ness], . . . like I want to stop”. In later counselling, Leonardo reported himself as more active, engaged in other therapeutic activities and less “idealising” of counselling, compared to an earlier attitude to “get rid” and master feelings. As with Luke, avoidance could appear and be worked with.

Reducing the “sting” (Andrew’s term) appears in opposition to isolated, logical reasoning or avoidance. Shame around thoughts and feelings could diminish, including perceptions of

others' views of oneself, or others' perceived self-control and dominance. In this respect, a masculine persona can be questioned. This is captured by Matthew's realisation of: "who cares if I'm different? Or who cares if people think I'm a weirdo?". For Neil, on disclosing his sense of guilt: "the world hasn't ended, things are, you haven't gone mad. Nobody's looking at you like you're the worst person in the world". Reassured that his counsellor had "seen way worse", he could avoid becoming the elusive person of "*that guy*"; his vulnerabilities made more acceptable, understandable and shareable – as demonstrated through the openness of all participants in interview. With a sense of self more "secure" (as Andrew described), what was felt to risk rejection could be explored in counselling.

3.4.3 Category c2: "Oh, this isn't me": maintaining desired mastery of emotionality

In some contrast to an acknowledgement and engagement of vulnerability, other narratives simultaneously emerged suggesting a sustained wish for a mastery of emotionality, moving towards the notion of a return of a masculine ideal. It is indicated that some therapeutic modalities risk encouraging or not challenging this. As will be expanded, this category interacts with a masculine desire for emotional control or interpersonal mastery as seen in literature (e.g., Garde, 2003), particularly in this context of interviews with another male involving topics around emotionality.

c2. i) Space of vulnerability as not-me

Andrew clearly valued a processing of emotions in counselling, such as remarking: "I wanted to go boomp and get rid of it. Erm, which I did through crying, to some extent I guess". Whilst he implies a limited possibility of being "rid", other narratives including those related to attitudes around gender differences suggested a conflict whereby emotional control can be acted out and "it" is further distanced.

Luke distinguishes parts of himself: "that internal other that restricts the language"; "that child" inside him with "an internal environment of the world it thinks exist"; therapy

working with “the hardware”. Luke accepts limited control, yet simultaneously there remains a sense of Luke maintaining a distance from a “weak” side of himself, positioning his psychoanalysis as assisting him “to realise: oh, this isn’t me”.

c2. ii) “There’s no point in me getting worried about it if nothing’s gonna change”

Whilst James also highlighted the expression of emotionality in counselling, other narratives of resolution emerged. He reported reconciling with the idea that as the eldest child in his family, he is “always gonna get the brunt of it. . . I’m not entirely gonna, you know, stay up late at night crying over it, . . . there’s no point in me getting worried about it if nothing’s gonna change”. This suggested empowerment appears to go alongside narratives of confident dismissal or nonchalance, such as indifference to social exclusion. Criticising his predominantly male colleagues who “try and.. be the same person”, teasing him with: ““oh you don’t like beer’ sort-of-thing”, James remarks:

I just remember just saying just like.. it doesn't bother me, . . . throughout school with like all the teasing and stuff like that, think I kind of developed like a little bit of a thick skin, maybe, and er.. just kind of a.. like I don't care, heh.

There is some contradiction within his emphasis shortly afterwards: “I don't really care too much”, and later: “through therapy I think it [bullying] did actually affect me”. Positioning himself as aware and proud of his “weird[ness]” and not subject to such “insecurity” as his colleagues, may allow James autonomy, differentiation and protection from such salient incidences of being singled out.

3.4.4 Category c3: “Quite a new revelation, to be open with people”: counselling facilitating help-seeking

Help-seeking as promoted by counselling may refer to later counselling or within developing relationships with family, peers and intimate partners. Again, a shift in generalised trust is implied whereby these young men are more willing and able to take the

risks involved in asking for help.

c3. i) To not “feel too pressured to maybe be almost closed off”

Sean remarks:

In hindsight I never quite thought about being open with someone. Erm, I suppose that's been, quite a new revelation, to be open with people. Especially since like after my CBT, I remember coming into uni and being very open with my flatmates.

Sean also describes how perceiving others as having experienced “the same things” assisted his disclosures, rather than projecting vulnerability or imagining others to be fully in control. Emphasising no longer “feel[ing] too pressured to maybe be almost closed off”, he even reported subsequently telling others he has “got OCD” as an “ice-breaker”. Following counselling, he later saw a “wellbeing officer” for support and advice following relationship difficulties, framing it as casual to do so, with little apprehension anxiety.

James remarks: “I’m kind of able to monitor myself”, accepting he may need counselling again “if something happened”, as he has “always been.. up and down” and would rather attend than take medication. He reports he “didn’t care as much” after counselling about his friends’ reactions to his distress and finding out about his counselling, yet remains “not very big on sharing as it is, I mean, . . . I’m more okay with it now”. Instead, he may occupy time with friends if “feeling like not being alone”, whereby intuitively, “they wanna be around ‘cause they know what I’m feeling.” Perhaps referring more to his partner and paralleling the language of mastery, James frames a “skill, to just be able to just chat to somebody a little bit better about something. . . I wouldn’t kind of keep it trapped inside, or push it to one side”. Giving examples, Luke also describes counselling as discouraging him from “bottling things up”.

c3. ii) Enabling dialogue with loved ones

Unlike his mother, Andrew's father was made aware and approved of his later counselling attendance, willingly paying for sessions, with Andrew suspecting his father's keenness as "through extension" and his father not wanting "me to end up like him probably, being so closed off". As James' and Paul's disclosures of their diagnoses enabled opportunities for dialogue with their families, Andrew opened a means for discussing difficulties with his father, suggesting counselling enabled more understanding and forgiveness.

Likewise, Luke described disclosing his attendance to his father as "huge" and "tense", with this acknowledgement of vulnerability. His father's response was "initially fearful", but, "he wanted to know more, wanted to know how he could help and.. realise that I was struggling. . . . Kind of laid everything on the table, and.. we can have the conversation". Luke quotes his father saying: "'don't worry about criticising me'"; now reporting "way more depth" between them with discussing his mother as a given example.

3.4.5 Category c4: "I've come out the other end, like, a lot of a stronger person": contrasting with prior "weakness"

Variations of the word *strength* and its gaining were used to describe a function of counselling, countering "weakness" (described by Andrew, Paul and Luke) as related to triumphing over emotionality. Leonardo described having "faced" his "anguish", but he and Matthew did not position strength as directly. Likewise, Neil described returning to "95% of what I was".

c4. i) Narratives of triumph

On his earlier CBT, Sean suggests a victory over "mental illness, . . . I suppose succeeded". On lessening his need for rituals, "it would be that I'd be a better-off person, . . . to make me feel yeah I can actually do something, yeah, something to make me feel stronger I guess".

Andrew mentioned knowing of people who “hated” counselling, interpreting it as having “brought up issues they didn’t want to bring up”, then suggested an onus to venture whereby counsellors: “show you how to deal with it, and then you have to be able to deal with it”, encouraging “stronger mental health”. He clarifies an importance of a “solid foundation” and previously not having “grit” to follow his own “flow”.

c4. ii) “I feel like I can kind of take on anything”

Clarifying “changes” from counselling, James somewhat contrasts ideas, between humility and suggesting a return of a masculine ideal:

I sort of realised that, okay maybe can’t just handle everything all at once. . . . I’ve come out the other end, like, a lot of a stronger person. I don’t know what I lost after it [a crime] happened, but I feel like I got it back, and I feel like I can kind of take on anything . . . I definitely feel more confident, like in myself, who I am. I was a lot more relaxed as well. I was quite anxious during the whole period of it all. Erm, I’m quite a jump, like quite jumpy and quite like erm.. I, just generally nervous a lot of time, and that, towards the end of it, that kind of, the end just dissipated, just wasn’t really an issue, erm.. a lot calm.. I mean I not a calm person, really I’m very hyperactive, just as a like, well most of the time, when I’m around other people I’m very hyperactive, I’m very in-your-face, think one of my friends described it perfectly, like at the weekend, and he said er.. ‘social dynamics aside, I’m getting my bollocks out on the table’, I think that’s a very, perfect example of what I’m usually like. As though.. don’t really care too much what other people think of me and that, I’m, a little bit I suppose of that has stemmed from the, yeah from the counselling. Erm..

Another researcher’s lens may emphasise James’ sense of counselling as facilitating a return to his true, boisterous self. For me, I found James engaging and responsive, but slightly anxious (like myself and most), caring of others and not “very in-your-face”. This

charismatic persona of laddish confidence which he positions towards the end of our second interview is perhaps contrasted with James having possibly appeared “calm”, “nervous” or vulnerable, reporting prior insecurity and feeling like a “weirdo” for “feeling all these things”. Here, perhaps there is a concern that I may think similarly, for instance of him as “nervous” rather than fleetingly anxious in our context. As said, his stories often involved drama, triumph, independence and heroism. Above, he positions a then-and-now whereby he can again “take on anything”, perhaps including these interviews. Closing the interviews, James comments on my “front” (a term also used to frame his counsellor’s “professional[ism]”), remarking on perceiving my “genuine[ness]” and feeling able to be “open”. Whilst this assessment and flattery may have other functions, he could indeed show me other sides of himself beyond the positions he described above, which are otherwise expected of him and feature most prominently amongst his peers and workplace. I was grateful, but to his remarks I found myself feeling slightly embarrassed, breaking eye contact and replying with words which are often used sarcastically: “well thank you for saying that, that means a lot”. Although true and spoken in a casual tone (i.e., not sarcastically), the sudden intimacy was somewhat anxiety provoking for me as well, and I perhaps also needed to keep things ambiguous by using such a loaded statement. As in, our intimacy was tempered by ambiguity: him possibly accusing me of being professionally manipulative through my “front”, and me possibly accusing him of being insignificant. Although James’ interviews were conducted some years ago (as the first participant), it perhaps represents the inevitable “game” between masculinities that Leonardo identified, but which James and I could play to frame our relationship building as it is familiar to us both.

Although speaking of the past, Matthew appears willing to reflect without such contrasts on how: “I think I was quiet at school, erm, I wasn’t particularly outgoing, . . . didn’t make my

presence known”; on sexuality and romance: “I was terrible at that as a teenager, really, really bad”. Whilst Matthew suggests a heightened independence from social pressures as influenced by counselling (such as to “emulate” male peers less), he also emphasises connectedness and “sharing with others”. Matthew’s and James’ differing experiences, pressures and expectations should be acknowledged: in their respective roles requiring confidence, one involves teaching children and following a familial academic path within a family with apparent liberal values, the other working in a “male dominated” engineering environment, a goading of friends and a family described as “conservative”, “traditional” and “straight arrow”.

3.4.6 Category c5: “Okay, well this is the way I am”: authenticity and questioning aspects of masculine selves

As described, an unobtainable, idealised gendered self could be imagined or seen in others, with a consequent sense of inadequacy regarding one’s actual self. Fantasies related to what is wished for others to see, or a denial of the personal impact of others could be questioned through counselling. Hence, autonomy, self-acceptance and openness to others was encouraged. Attitudes to gender and how they relate to identity became relevant, particularly when discussed towards the end of interviews. It is suggested here that certain statements and maxims around gender can partly create and restrict what identities, feelings and ways-of-being are felt possible.

c5. i) Reality testing of self-perception

Andrew, Matthew and Sean are quick to remark counselling enabled conscious reflectiveness of how they (Sean:) “actually” come across, as opposed to projective processes or based around a masculine ideal of how one should be. For instance, Matthew asked himself: “what is it about my behaviour that either attracts people to me or makes people go away or whatever”.

Seeking validation as a teenager, Andrew internalised a desire for dominance, loudness, “not caring what others think”, sexual conquest and admiration. He seemed to have seen this version of masculinity as an escape, paralleling media portrayals (e.g., Layton, 2011); imagined for himself in “fantasy” which did not match “reality”. Despite this idealisation, he also actively reports never considering himself “manly” and gave an example of studying ballet but keeping this secret. He remarks he would be more open now, citing counselling as encouraging self-acceptance and lessening intimidation around “what others think”. Andrew acknowledges that he remains within a process and an internalised masculine critic subtly remains in his talk. For instance, reflecting on his extended family’s expectations, as if badgering a version of himself: “[I] didn’t have the balls to say no, I didn’t want that”. Again, perhaps this has truth, but the choice of wording is significant.

c5. ii) Attitudes and investments around gender

All participants positioned a naturalness within gendered behaviours, with varying degrees of tentativeness, rigidity or emphases on fluidity. Paul described individuals not identifying with gender as a “mental illness”, equating logic and “authority” with masculinity and emotionality with femininity. Matthew suggested women may be more inclined towards certain empathy, particularly regarding childcare, but that the same empathy and compassion is possible for men. He considers the effort to do so as constituting “what makes a man”. Aside from Andrew’s counsellor citing her gender following his disclosures of pornography use, no participants described gender being explicitly discussed in their counselling. As suggested, this may represent the background nature of cultural versions of masculinity, as it may have been historically unquestioned. However, as described, some participants conflated not feeling “manly” with, for example, not having “grit”.

Whilst acknowledging his comments may appear “quite stereotypical”, Andrew suggested men, “don’t do the heavy, important emotional stuff, they get on with it. . . . In the wild,

when your mind's on survival, how emotional can you be?", citing maternal, child rearing instincts in women and provider functions for men. As suggested, the ubiquity and repetition of statements around men and women's differences risks adding to their perceived validity and relevance to self (Fine, 2010; Vogel & Heath, 2016), with viewpoints potentially restricting what one feels permitted and capable of. Andrew clarifies:

I guess one of the prime things, that I think men should be taken away from women, what I've hoped to take away is the connection with their own emotions. They don't really.. they acknowledge them and they let them happen, and then it's done. And they move on. Very in touch with their emotions. Which has pros and cons in a way because they can let emotions, you can let emotions get the better of you in a situation. And perhaps that's where men handle things well, they handle things slightly more rationally, and take the emotion out. But it does lead to problems in that if you ignore, if you don't listen to what's happening in yourself, I guess overall you don't really know yourself. And you don't understand what's actually happening.

Hence, Andrew positions a finality to emotionality: "and then it's done", yet also suggests "problems" if "ignore[d]" and elsewhere positions counselling as a process of self-discovery and emotional expression. We do not quite clarify what he feels may be handled "better" without emotion or how it is taken out, but again logic remains somewhat positioned as triumphing emotionality and is reinforced by the idea of naturalness: "I do think a great deal of this has, has to do with our natural instincts." However, his clause of "I do think" tempers a rigidity to this view, and in the above quote he also positions that taking-on stereotypically feminine characteristics is worthwhile for himself and other men. Given his description of his teenage investments in seeing a hypermasculine personality as an escape, in questioning his view of others as able to occupy the relevant traits, his counselling has clearly assisted in his development.

Luke posits biological factors as influencing gender differences and “colour[ing] perception”, with men “gravitated towards strength” as he sees in himself. But he also avoids rigidity: “that’s why I term male, typical male characteristics, and not exclusively keeping it to that category, knowing it’s a broad category”. Luke generally refers to himself and others as “adult”, as opposed to a *man*; questions how gender is “culturally indoctrinated in our society” and (like Sean) identifies media examples. He acknowledges a remaining, ingrained aversion to any help-seeking: “the danger with that is I put everything on myself. And I couldn’t do that”.

In some regards, Luke historically occupied a space where he could successfully compete with others, chiefly through “physicality” which he positioned as returning a “sense of self”, yet he could identify with his father and described a historical longing for a “maternal side” which he specifically sought in his psychoanalyst. Emotionally supported by his partner and her family, Luke explicitly suggested his psychoanalysis helped him “take back projections” around his own and others’ expectations. But he appreciates his need to survive in acknowledging his past, and “how hard it is to be a boy in a traditional working-class area. It is tough, you have to be tough”. For Luke and others, the interpersonal acknowledgement of vulnerability seems contrasted with earlier experiences of the “critical internal voice” and defences against intimacy; unstuck from a cycle of feeling “trapped, . . . thinking I had to say the right things, and a pressure, to do it right, to get fixed, finish, leave. . . And then, this [psychoanalysis], it’s like, this isn’t how this process works”. The loss of potential mastery involved in the emotional “messy[ness]” is more permitted, in contrast to a prior view of himself represented through his use of the word: “failure”.

c5. iii) Emulation and authenticity

As fantasies around others’ dominance, control and emotional liberation could be questioned in counselling, for Matthew, learning of his diagnosis and other “revelation[s]” were tandem

to his counselling engagement: “okay, well this is the way I am, I’m just going to accept it, so I didn’t really change, I just became a lot more comfortable with who I was”. With his ability to empathise and mentalise encouraged by directive counselling, such explanations: “made me more reflective on what kind of person I am”, later acknowledging he has identified with the pictured unmuscular man lifting weights (Picture 8) “in the past”, recognising and questioning himself “trying to emulate [peers] . . . who lived up to manhood in a very strong way”.

Leonardo sees of some male friends: “they are constrained in this idea of what a man should be, and breaking apart because they cannot just be themselves. . . . They’ve died inside and they will not ask for help”. Leonardo considers his self-concept and fears of intimacy as addressed in counselling, becoming “more confident, . . . not afraid of being myself, not playing games, you know, like trying to, for example, play extroverted at a party”. He was supported by other experiences in his development, particularly intimate relationships: remarking on having an “old fashioned idea . . . [that] women are passive, men are active”.

c5. iv) Questioning masculine infallibility

On challenges in counselling, Sean remarked that during the final sessions of his long-term CBT, his practitioner disclosed of his own “OCD tendencies, it was a phobia of wasps. . . . Maybe I didn’t need to know that”. Sean suggested he wanted his counsellor “almost to be like, he’s the model human, . . . infallible”; seeking to trust his practitioner’s ability to “help” and to not impede the work. Sean felt “mental illness wasn’t a normal thing”, and emphasises: “I didn’t like exactly take that as a bad thing for someone to have, you know, mental illness as well, . . . I didn’t lose any respect for him”, yet this somewhat contradicts further narratives where “mental illness” is contrasted with “competence” and infallibility. With parallels to the “superheroes . . . helping the weak”, he positions himself and his practitioner as being within a dichotomy of mentally ill or infallible, which perhaps his

practitioner wanted to interrupt. But Sean does not remark that his practitioner enquired of his reaction. Again, limited emphasis on the therapeutic relationship becomes relevant when considering the impact of counselling on masculinity.

Sean had earlier described his reason for attending counselling as to improve himself as a self-perceived “underwhelming desirable mate”, and sense of needing “competence” for romantic relationships. He suggests this can remain in the present: “occasionally see women as a bit more defenceless”. But he then questions this attitude, highlighting his ongoing thinking around:

being too sort of protective, or this big alpha male, . . . keeping them within my embrace rather than sort of letting them go free. . . . Like is there something that is natural between 2 people, that it happens, or is it something, the way that I perceive myself to others, or put onto others. . . . I think depending on someone.. can be a good thing or a bad thing. . . . I don't know, I guess there is a slow, slowly growing, thing like sort of in the media about expectations of men. Maybe like again, can sort of relate to me and sort of the hero syndrome, I feel like maybe there is a kind of strong kind of character that you have to be.

For Sean and all participants, the “superhero” or the internalised masculine critic in its various guises could be questioned, moving away from an emulation of idealised masculinity and towards something more authentic.

4. Discussion

4.1 Summary of main findings

All participants demonstrated traits, attitudes, experiences and performances relevant to masculine identities and help-seeking behaviour patterns of men. Within narratives of upbringing and adolescence, displays of emotions and psychological help-seeking appeared lacking or discouraged. Restricted emotionality and avoidance of femininity were also shown in attitudes, such as: “men tend to be a lot more closed off, don't they?”.

Conversations objectifying women, belittling non-heterosexuality and policing of “that guy” were rife in adolescence. Adversity was generally managed alone including through escapism, substance use as well as isolated rumination and attempting to apply logic. Participants reported forms of support such as the proximity of friends without naming of emotionality. Versions of masculinity as imagined in others’ emotional control, dominance, extroversion and sexuality could historically be imagined as liberating. In the findings, an internalisation process involved in masculinity’s construction has been framed as an internalised masculine critic. Most participants positioned notions of genetics or evolution as driving gendered behaviours, usually framing this as common sense.

Two participants, Matthew and Leonardo, appeared to originate from families where their emotional expression was seemingly more facilitated. Both report greater similarities between their own and their sisters’ upbringings. Whilst they described a need to respond to masculine norms through their external presentations and some behaviour, they do not appear to have historically shown much endorsement of such norms. Both had occasionally felt as outcasts. Attending counselling appeared more natural and was supported by others. However, they also highlighted social and cultural pressures relevant to their distress and counselling attendance. For other participants who had greater psychic investments or perceived a need for hegemonic masculinity norms, a desperation, external permission and

ease of access to counselling services appeared more necessary for their attendance.

Normalisation of attendance – through the promotion of counselling services or significant others having attended, also assisted.

Before attending, prior images and stereotypes of counselling involved a mysticism or a seemingly emasculating position of being passively under direction or losing interpersonal control. Counselling could be positioned as a failure or giving-in, pertinent to general conceptions of otherness amongst individuals constructed as deviant. Negotiating the latter notion was a repeated theme, best captured by the distancing and disidentification within the quote: “*that guy* in counselling”. Negotiating deviance is also relevant to the interviews themselves whereby my interpretative work or any possible judgement was managed, such as through intellectualisations justifying narratives or use of the third person to normalise participants’ own experiences, as if to ensure I (or readers) would not think them deviant.

Explicit permission was often needed to seek help. Forms of intimate relating encountered in adolescence, normally with young women, appeared to have functioned in permitting an “emotional space”. Given such historic “bottling” of emotions, several participants indicated an emotional outpouring in early sessions or a pacing to control this, pertinent to a fear of losing control. This novel opportunity to express emotions interpersonally was ultimately felt “needed”, or for Neil, “95%” of the work. Counsellors’ presence was meaningful, but several participants appeared to defensively play down the counsellor’s role. As such, this thesis foregrounded the management of power balances between participants and their counsellors. Previous literature has highlighted the theme of power within the male client-counsellor relationship (Proctor, 2008), and this research contextualises the intimidating “couch” imagery evoked of counselling, and the management of anxiety around first attending, such as imagining an intellectual exercise rather than something inevitably relational or feeling-oriented. Also notable was the more active denial of

counsellor's subjectivity such as denying the importance of the counsellors' presence whilst emotions were "pouring out", as well as acquiring knowledge about counsellors which appeared to objectify them and make their professional authority more judgeable and hence controllable (e.g., their parenthood or volume of experience).

In interviews, where contextualised performances of masculinity could be identified, participants could soften emotional expressions or make their own vulnerability less apparent, or more actively mock their vulnerability. Notably, participants who demonstrated this or appeared to occupy the interview space most pronouncedly, with myself periodically excluded, received CBT which reportedly focussed on practical, goal-oriented, action elements and advice rather than interpersonal or relational factors. However, all participants indicated the importance of acknowledging and expressing feelings interpersonally in counselling, as well as understanding the impact of past events. Less directive therapies ("counselling"; "psychoanalysis") appeared to involve more explicit focus on significant themes such as: "hero syndrome", fantasies of others' superiority, or emotional "blocks". Andrew and Luke used variants of the word *denial* to frame what was addressed; the "sting" taken out of thoughts and feelings felt threatening to one's sense of self – relatable to the viewpoints of others and gendered expectations. As such, a key finding of this research is that particular approaches to counselling and psychotherapy may have more potential to challenge aspects of masculine ideology and behaviours which work against emotional expressivity, authenticity and interpersonal learning. In considering one's relationship to vulnerability, this thesis suggests that counselling can appear counter to entrenched, rigid and defensive identifications with masculinity and rejection of parts of self previously constructed as a "weakness". Help-seeking and different forms of relating to others were facilitated, gearing towards openness and questioning envy of others. However, gender remained within attitudes, talk, or instinctual feeling such as counselling as regaining

strength, or Andrew and Luke's "slightly uncomfortable" reaction to the pictured man described as "slightly feminine" (Picture 9). However, as assisted by counselling, participants could name their feelings and reflect.

4.2 Context of the research and findings

My own worldviews, experiences, biases, intuitions and knowledge of previous literature were inevitably utilised throughout the research process, and the findings would likely differ with another group of participants and researcher. In this section, the relevance of the meetings of my own and participants' subjectivities will be discussed, followed by further reflexivity issues specific to this research, and then addressing the more general context of the findings.

4.2.1 Anxiety in interviews and our interpersonal setting

As expected, participants and I were anxious, and any control of the interview space seemed to serve defensive functions. Themes of judgement, pathologising and identifying of "that guy" were frequent content of narratives. Given the ebb and flow of the interviews, it is as if participants and I could negotiate between: (a) being judgemental – in control, objectifying and invulnerable to the other; or (b) being more capable to co-create discussions of personal vulnerabilities and speak about past experiences which were emotionally scarring, both of us able to emotionally relate which for me involved tapping into my own experiences for empathy (e.g., Casement, 2006). I would position the former, (a), as doing masculinity, possibly inevitable on occasion as it is familiar and safe, a known code shared between us. Invitations to descend into humour or intellectual discussions were tempting and could be friendly enough, and, indeed, could frame and make hints of intimacy safer: most notable was James' expression of thanks (sub-category 'c4. ii') which implied his trust in me, yet which we both seemed to struggle with and hence kept the mutual gratitude ambiguous. For me, my questioning, place as researcher and (sometimes private) objectifying identifications

of something as masculine could put me in doer mode where I could maintain control. As the researcher, my own fantasies of being a good researcher who supposedly knows better than participants, and avoidance of being in the vulnerable position in a dyad, could occasionally unhelpfully come to the fore. In a responsive dynamic, myself being excluded through participants reverting to generalisations or the third person, and my consequent feeling of being used a “brick wall” (sub-category ‘b5. ii’) could also prevail and represent participants’ doing of masculinity. In other words, our defences to protect from the scars of past experiences perhaps felt threatened by the personal nature of narratives sought, and this doing and competing of our masculinities responded to this threat.

However, participants and I were also able to take the risks involved in the latter negotiated dynamic, (b), described above: many touching, poignant narratives were shared, particularly during latter halves of interviews. Formal interview questions had been largely set aside, and such narratives carried an emotional significance and a sense of implicit trust within their telling. Reading transcripts, more emotive narratives largely followed mere continuation responses (i.e., “hm”). Participants seemed to know of a need to communicate their feelings and vulnerabilities as made safer through their counselling, where doing so had been positive and a mutuality had been maintained. Semi-consciously, I was providing continuation responses to particular parts and usually avoided responding to others, for example humour or self-deprecating laughter (e.g., “heh”) at the end of statements. In this way, I demonstrated both a friendliness and unfriendliness towards masculinity, an understanding yet something different to the usual. This took patience, and indeed when we descended into intellectual discussions, this was often my own fault either due to factors described above, or my conflation of understanding with objectification.

At the start of interviews, the pictures could prompt topics to later explore (such as absent fathers). Some participants quickly launched into the applicability of the pictures to

themselves, but others' responses were brief and impersonal: emotional connections to relevant content would not be made so early on in our meeting. However, I believe it was clear to all participants that the pictures were not being used to test against an unknown, pre-existing criteria from a position of expertise (e.g., if picking a picture assigned participants into a specific personality category). This could indicate that even when objectifications could be made, it did not have to happen and my curiosity and openness to responses was communicated.

However, there was often a general sense of performance, particularly when discussing attitudes to gender and sexuality. As Andrew remarked: "trying to pick my words carefully really here". Simultaneously, my intuitive agreement and understanding as a male was often elicited such as through participants' use of "we" or end-clauses such as "don't they?" or "you know?". When I asked participants around who they went to for emotional support or we discussed their historic communicating of their feelings, their mocking responses (sub-category 'a3. ii') perhaps suggested annoyance at the possible implication that I did not understand nor realise that this was generally not done, or help was unavailable. Yet this limited emotional contact appeared a marker of masculinity which, again, I could have related to. Whilst challenging viewpoints or applying therapeutic techniques was not a specific aim of the interviews, I likely colluded in some avoidance such as knowing intuitively to not always explicitly ask how a generalisation about masculinity applied specifically to participants. Our mutual and contagious anxiety, such as when an emotive topic was suggested, could prompt a shift away from topic. If practitioners also collude in avoidance and miss the balance between respecting clients' own pace, and facilitating emotive topics to come to the fore, a cycle of remaining closed around emotions risks being reinforced.

Specific meetings of our masculine subjectivities affected findings more directly. During

interviews with Neil – a successful, professional man of similar age to me – I felt an occasional sense of incompetence. Whilst this also reflected my own processes of questioning the quality of the research as well as our anxiety around the ambiguity of the correct way to conduct interviewing or participation, Neil specifically expressed he was unsure what I was looking for. Uncoincidentally, a fear of incompetence which he framed as “imposter syndrome” was relevant to us both. His competent authority over our proceedings, for instance indicating “for the tape” which pictures he selected, as well as his intelligent general reasoning around masculinity meant we could maintain our statuses through the jostling and projection of competence/incompetence, but it could sometimes be challenging to hear from each other more constructively. It affected the aim of the research to formulate personal psychic investments in masculinity subject positions: personal narratives relating to Neil’s “imposter syndrome” (sub-category ‘a1. iii’) and aversion to being “that guy” in counselling (category ‘b3’) were slightly sporadic, rather than explored in detail through a more consistently personal, intimate encounter.

Given my status as a formally-spoken, male, middle-class university researcher as well as my own narcissistic needs and defences, the interviews were a potential occasion for an intellectual competition in which I, as much as my participants, could be involved.

Leonardo notably highlighted an inevitability of competition between men when discussing his counselling. Whilst not often noticeably felt, *competitiveness* is in my countertransference notes from Luke’s interview. Luke came across as charming, intelligent, engaged and articulate. This version of himself was to be admired and celebrated yet it perhaps masked the anxiety which he openly acknowledged in the second interview.

Paralleling my own language of a historic fear of crumbling if distress is acknowledged (‘2.4 Positioning the researcher’), Luke spoke of his own historical fear that “everything will collapse”, whereas his charm keeps him admired. He also described a fear of others

branding him “stupid” or “stumbling”. My admiration of his intelligent assuredness – whilst as described, my assuredness was becoming somewhat shaken as necessary for training – perhaps became envy at times. Occasionally, my unhelpful instinct was to compete with someone I could identify quite a lot with. Again, in a dynamic between intimacy and distancing through subtle aggression or attacks on the process, I found myself at one point unnecessarily asking Luke a set interview question despite him having already covered the theme of the question. He then paused for a moment and stared as if to say I had not been listening. I avidly apologised and had preceded the question by remarking he “may have already answered this”, which hopefully mended my error (only one incident out of many more positive encounters between us), but there are numerous implications for counsellors’ and researchers’ own gendered identifications, defences and expectations brought to interactions.

4.2.2 Specific reflexivity issues

Masculine-closedness

Throughout the research process, I have struggled to be specific, personal and open, and often ended up general, intellectualised and abstract. Reflexive awareness became most crucial as the interviews progressed, as well as when considering the ethical implications of undertaking the research. Written sections in the thesis aim to bring myself to the fore: my own subjectivity, background, challenges, biases and intuitions as context for the research. But to clearly articulate these has taken much time and effort. I relate this to my own masculine-closedness and a historic, underlying, deeper under-confidence; being raised to be emotionally stoic and competitive, with past experiences of emotional support not always positive. So, to be aware of and indeed open about my own individual feelings, shortcomings and biases has historically been novel and threatening. If my masculine self is historically judgemental about my feeling states, it is challenging to remain confident that

others will not be equally judgemental. I realise that I have needed a degree of permission to include my own experiences more in the thesis, rather than resorting to previous literature to objectify and justify them. It was as if I tried to compete with literature, to justify my place amongst it, rather than more fully engage with my own personal development or accept my humble position as trainee – unsure and dependent on others’ assessments. It has been anxiety provoking to encounter, acknowledge and engage with my feelings of being unsure, vague, messy, exploratory and unacademic, and I have had to learn to stay with them rather than revert to my usual masculine defences such as intellectual or abstract discussion. Though my masculinity goes beyond these defences, they most affected the decision-making processes around the method, participant interview approach and writing-up stages. Other masculinity traits of mine – hiding from vulnerability, avoidance of emotions, and being significant and in control – will be referred to throughout this section. In attempting to be open, I feel the thesis has become richer through showing its genuine limitations, shortcomings and vantage points, rather than attempting to be something other than a small-scale study. It also begins to demonstrate some of the processes involved in my own personal development through undertaking this research.

Masculinity

Early in the research process, I felt as if I had to master the topic of masculinity and its research, in a way which enacted the very processes I was investigating. In the end, an objective mastery of the topic was never possible as I could not have separated my own experiences and personal understandings from the research process. As such, aspects of the findings have confirmed some of my own pre-existing biases and intuitions. For example, given that I had always felt a clash between my masculinity and my own experiences of attending counselling – struggling to be open, to disclose the shame around what I considered weaknesses and to trust my counsellors – it is unsurprising that the research

questions focussed on the theme of the interaction between masculinity and counselling whilst presumptively taking for granted that the two would clash. Some clashes may well have been more actively looked for. For instance, one participant remarked that CBT suited their liking of logic, yet others indicated how their expectation of counselling as being an exercise in finding logical answers was toned down as the work progressed. I chose to focus on the latter, having had to engage with my own masculine defences in counselling and explore my own feelings which otherwise may have remained hidden. Like participants, I had also struggled to let my counsellor in, and I also had to engage with my own emotional baggage when training and working as a counsellor. My masculinity had become problematic as I realised its defensive nature, hence I began to regard it more as a negative thing to be interrogated in myself and others, rather than something that people may wish to embrace and celebrate as part of themselves. Overall, this blind-spot may have contributed to the lack of findings of any masculinity traits that participants brought to counselling which could be framed an aid to the counselling process. Or, traits which may well be encouraged through counselling, depending on circumstances, such as independence and rationality.

The habit of 'getting things right'

Given my feelings from early stages of the research process, I had a sense of needing to find a method which captures all aspects of masculinity and fully explores participant interviews. But I found that any methodology felt wrong in the critical eye of another, and I struggled to accept the inevitable limitations and imperfections of any. The method I chose somewhat bypassed this by including constructionist elements but remaining fundamentally critical realist, and I admit to feeling a liking for the way that the method sold itself as a correct maverick, whilst many other methods fall short.

My anxieties about getting something 'wrong' also resulted in a tendency to frame research

questions in an overly-general way, rather than creating questions which reflected more specific issues and debates regarding the intersections of masculinity and counselling. For example, whether there is a need for specific ‘male-friendly’ services and for which males. Although such questions were considered, by remaining an exploratory study, the findings were somewhat limited in how ‘wrong’ and imperfect they could be. Furthermore, guided by the chosen method, I relied upon interpretation of data and objectifying analytical expertise – so my habit of striving to get things right could, at least potentially, be further gratified. In another sense, I feel I tried too hard to capture all facets of masculinity and counselling, covering many themes without much thoroughness. Such striving also took a great deal of time. I began to realise that sounding assured, correct and intelligent was becoming more important than honestly confronting my own limitations and that of the research whilst accepting possible judgements. Hence, the research began as something I had to control and to get fully right, to find all answers conclusively, rather than being more of a humble contribution positioned within my own means and limitations. By loosening this need for correctness, something more meaningful and genuinely reflective of participants and myself emerges. However, rather than being more fully embedded throughout the thesis, newer sections which begin to bring more of my own decision-making processes are somewhat separated from other sections written earlier in the research process.

Racial identity

Despite some attempts as earlier described, participant recruitment strategies failed to properly encourage a broad diversity of people to come forward. One individual who contacted late into the recruitment stages initially expressed their unsureness as to whether I would be looking to interview them as English was not their first language and they were not born in the UK. I had wrongly assumed that all people who met the recruitment criteria

would generally feel keen, willing and able to come forward and tell their stories. As a white, Western male, I lack experiences of oppressive practices impacting me directly, or of being made to feel secondary to a dominant group. My understanding is that most people from a black and minority ethnic background (in the UK) would be highly likely to have experienced forms of discrimination and marginalisation by white people, directed towards themselves individually or towards their cultural background. Given my racial identity being implied through my name (e.g. on the recruitment poster), assumed or apparent by other means, there should have been more indications that I would have appreciated more individuals coming forward from a range of backgrounds. By only asking for males, it was not reasonable to just expect people to know that I did not necessarily wish to focus on white males. Text on the recruitment literature could have indicated that black and minority ethnic individuals were particularly encouraged to participate. Unfortunately, and perhaps partly due to my personal inexperience, this was not fully appreciated at the time and resulted in absent voices from the research, which may have otherwise contributed to enriching the findings around forms of masculinity and experiences of counselling.

Between myself and those who did participate, our shared white, Western backgrounds meant we shared some similar experiences. This could be helpful in terms of understanding and empathy but could sometimes compromise my abilities to more fully separate my own experiences from those of participants. When, for instance, a participant remarked around being in counselling: “you don't want somebody to see you blubbing [/crying] in the corner”, I felt as if I know what he meant, but such assumptions possibly bypassed a more thorough exploration of his own personal and cultural understanding (e.g., of his tearfulness).

Anxiety in interviews

I chose to use a relatively unstructured, informal framework for the participant interviews,

as I hoped that such an approach would help lower participants' anxieties and develop a strong rapport between us. But as described, anxiety did often feature in interviews: my own anxieties for the interviews to go well, to be liked, trusted and significant as a presence, and participants' anxieties around coming into an unfamiliar process with a stranger and discussing the emotive topics of personal histories and counselling. Occasionally, I found myself colluding with participants' own worries about the safety of certain topics, which could result in avoidance. For example, Paul's and my switching of topic from his father – a topic which felt emotionally raw and powerful – to his experiences with his doctor (see sub-category c2. ii). I sensed a danger, and did not want to risk not being liked, or for any emotion to overwhelm, so I was also willing to avoid by responding with more questions about the doctor. Likewise, Paul may have sensed the part in me which suggests that there is a tension, discomfort or danger in raw emotion. Specifically, sadness and anger.

Undertaking counselling training at the time of interviews, my abilities to stay with and explore my own emotions and to contain those of others was in early development.

Hence, as well as our demographic similarities and my own intellectualisation defences merging with participants', the approach of trying to play it safe and stay on participants' immediate surface levels could make the contagion of my and their anxieties all-the-more likely. More standardised, formal interview questions could well have provided a safe frame for participants to respond to. My own anxieties could then have been more separated from any countertransference feelings more specific to the interviews. But where such avoidance did occur, it became more challenging to say with conviction where particular themes and instinctive feelings came from or what they represented. For example, some participants' discomfort at the pictured man described as "effeminate", or my feelings of anger towards Paul's father. Accordingly, although helped by the breadth of the double-interviews and the return to topics, the thesis is often punctuated by short quotes or those pieced together from

different parts of the interviews, rather than longer narratives which stay with emotion and more fully explore a topic.

Anxiety and the performance of masculinity

For me, anxiety and the threat of being controlled, lost or passive to another involve a felt sense of loss of my masculinity, which otherwise feels safer and preventative to these threats. It is hence unsurprising that my own masculinity was performed, most notably when interviewing other people affected by similar processes. When some participants showed an intellectual assuredness around the topic of masculinity, a competitive feeling could emerge between us. My own attempts to seemingly out-do has earlier been framed as managing envy (i.e., whilst my assuredness felt questioned through undertaking the research and training). Yet it also relates to me avoiding passivity and insignificance, should I have sat back whilst participants told me of their views. Beyond masculinity, this may relate to my place amongst a large family and ensuring that I feel I do have an impact, alongside my historic quietness which could keep me safe (e.g., in school) yet could be at the cost of not feeling impactful or in control. However, through catching myself when compelled towards competitiveness, I was usually able to repair some of the actions which could result in participants shutting down or potentially feeling judged, and instead I would clarify their own views and accept them.

Likewise, the anxiety I experienced in carrying out the data analyses could also veer towards objectification – a loss of care and recognition for the other that I relate to masculinity. It almost became more important to strive to do the interviews and their analyses correctly, and as good as other researchers, rather than more fully sticking with participants' frames of reference; reflecting on my own instinctual feelings, or on the moments when participants and I were more equal than competitive. But the sheer volume of data, combined with my anxiety to successfully achieve, meant I tried to stay in control

of it all. Initially, I kept large sections of data and struggled to link between participants, desperately trying not to miss anything intellectually significant. Of course, this proved to be very time consuming and several of the findings were the result of much technical effort and previous literature being kept in mind, rather than something emerging from a starting point of confidence in my own abilities to pool themes together within my own countertransference, knowledge and reflexive feelings – however basic and tentative those abilities were at that stage of my personal and professional development. Hence, there were times during the analyses where I still felt as if I had to find general truths around counselling and masculinity, rather than truths more specific to my participants, myself and the research context. More emphasis on such specific findings (as in sub-category b5. iii, where my and Paul's assumptions around masculinity came to the fore) would have made the research more transparent, meaningful and fully respectful towards participants.

4.2.3 Results and findings alongside notable literature

The analyses aimed to limit data fragmentation and maintain a representation and authenticity of participants' whole narratives, yet comparisons between participants and formulations around their relationship to masculinity was sought. Some loss of representation of the uniqueness and complexity of each participant's narratives was inevitable when categorising and grouping participants, particularly when they occupied categories for different reasons and psychic investments (Hollway & Jefferson, 2013). Whilst balancing specificity with some ambiguity in the naming of categories assisted, a resolution to the loss of individual representation could have been through case studies, with any similarities between participants or to previous literature left largely for readers to infer. In the replicated method, Hollway and Jefferson (2013) predominately locate their approach in comparison to quantitative and naive realist standpoints, whilst counselling psychology negotiates its evolution from the notion of scientist-practitioner (Woolfe, 2016). As such,

through finding threads of masculinities across all 8 participants, the method aimed to sustain their uniqueness and individual expressions of masculinity whilst locating the contexts of masculinity themes emerging, and how the findings of this small-scale study relate to past research and formulations of masculinity.

The interviews, like counselling, could be regarded as an opportunity for participants to express more openly and honestly, otherwise lacking in the day-to-day interactions they have encountered where jostling in hierarchies and personas were norms. Yet as discussed, between participants and I there could be a vying for positions of control of the interview space. Some often sustained forms of focus on themselves – breaking eye contact and talking at length, indicating this also occurred in counselling. Whilst this could be ideal, on some occasions my input felt notably uninvited, which could mean a certain loss of recognition arguably needed for therapeutic practice (Benjamin, 2004; Gillon, 2008; Sedgwick, 1994). This theme seemed to intertwine with the very relationship difficulties which participants suggested, whereby intimacy is limited by a lack of availability or unwillingness to disclose, imagined/actual responses of others, or “blocks”. The use and management of the listener (myself or counsellors) is also pertinent to observations whereby men assume, create or are automatically given attention on themselves (e.g., Baxter, 2010; Edley, 2017; Lunbeck, 2014), as opposed to something more personal, dyadic and intimate encouraging a mutual identification. It is also contrasted with offering only listener approval (Casement, 2006; Maroda, 2010) or what Benjamin (1988) describes as worship.

Yet I did not find that participants’ narratives became too broad or irrelevant, despite the open framework of the interviews. Whilst at times intellectualised generalisations occurred (e.g., about masculinity) this can still be considered meaningful, particularly between the 2 of us as men, as indicated. Amongst participants, 4 were educated to degree level or currently at university, and 5 potentially identifiable as middle-class. There is evidence from

literature that an intellectualisation defence may be more common to males (and rationalisation to females) as well as to middle-class, well-educated individuals (e.g., Diehl et al., 2014) where the ability to think academically or logically is fiercely encouraged. Kierski and Blazina (2009), interviewing UK men around distress and help-seeking, highlighted their participants' suggestions that intellectualising served to *outmanoeuvre* when feeling *underconfident* or *threatened*. Reverting to “traditional gender role stereotype” (2009, p. 165) occurs as if to regain equilibrium. In the present research, several participants did show such intellectual savviness in interviews and this has earlier been framed as a response to anxiety and moves to control the space (often mutual/between participants and I). Furthermore, a category emerged around the anticipation anxiety involved in participants' initial counselling attendance which was seemingly managed by them imagining an intellectual exercise where they could still outmanoeuvre if needed. However, as assisted by counselling, participants could often recognise their defences becoming active within interview, such as through acknowledging anxiety.

As participants described historically negotiating an external, stereotyped “alpha” masculinity, complicity emerged (as Connell [2005] suggests) such as participating in certain conversations with peers, not challenging bullying or belittling of women or seeing them as vulnerable and needing care (Lemonaki & Leman, 2017). As also seen by Pleasants (2011) and Walton et al. (2004), a “natural” order to gender was emphasised by all participants, which served to justify narratives such as logic triumphing emotions or instincts to competitively fight. Needs for “toughness” and “fitting in” were positioned, yet participants also suggested an importance to “take on maternal qualities”, with Luke suggesting “Neanderthal” conceptions are outdated and being “intelligent” and “well-read” allows one to “get by”. However, Edley (2017) gives a parallel example of a masculine masterful wit in a setting of academia, or physical strength and athleticism within a school

in a *working-class* area (p. 44): different forms of masculinity yet both having a dominance available.

Regarding those absent from this research, Williams, Stephenson, and Keating (2014) emphasise how a wish for hegemonic dominance and status amongst young men may be at the expense of intimate relationships which involve disclosures of vulnerabilities. The authors suggest a “retreating into the fantasy worlds of sex and power” (p. 407) when attempts towards gaining the idealisation of masculinity inevitably fail, and higher rates of substance misuse, depression, suicide and psychosis may be consequent. Whilst the present participants indicated such retreating, this was less pronounced than that described by the authors. My participants did access help, often facilitated by direct and indirect permission or other-centredness within intimate relationships. It is notable that all participants reported ongoing, healthy, intimate relationships or previous relationships lasting several years.

A category emerged around escapism and “avoiding” the acknowledgement of underlying emotions, through using drugs or actions serving to “distract”. For Wong and Rochlen (2005), the use of distractors and escapism may appear as a viable alternative to emotional expressivity, whilst counselling may be expected to involve the latter. But although acknowledging an avoidance, Luke suggests certain “controlled catharsis” and escapism can represent forms of genuine expression, which could well be recognised as such rather than dismissed as an origin of underlying issues. For instance, alcohol use could represent a communication of distress.

Addis and Mahalik (2003) described how a notion of attending counselling to fix faults may be non-sensical, particularly when issues strongly relate to one’s sense of self or if prior experience of help is lacking. Andrew directly suggests that attending counselling would mean problems “become real”, and furthermore, “it makes you into.. one of those people, who is depressed”. Several participants explicitly suggested attending counselling on behest

or benefit of someone else. Aside from anxiety of attendance (e.g., becoming “that guy”), there was a sense that a problem was not identified earlier, or counselling far from salient. For some participants, it was as if the underlying problem was partly seen as not being masculine enough. Personal independence seemed expected, and limited emotional engagements amongst peer groups and families was described. Accordingly, forms of escapism and other ways of coping seemed enough to contain in the immediate. Like Nicholls’ (2014) male participants, shame in vulnerability and counselling attendance with fears of losing emotional control in-session were indicated, as if threatening to identity. This was also linked to participant discourses of men’s disclosures of vulnerability as not-done, often referencing media (television, film etc.). Furthermore, participants’ conflation of distress with deviance, may be most acutely felt by males within hierarchies of dominance (Connell, 2005), where loss of emotional control could historically result in bullying and ostracising. Hence, opportunities to challenge stigma in relation to distress and help-seeking were historically lacking. For Andrew, seeing counselling as a standardised part of his college assisted, and diagnoses or medical expertise could be cited. Luke also somewhat externalised his distress as an “internal other”, helping him feel: “rather than the problem, the source being me”. If implied as a response to a personal lack of coping, counselling appears so aversive as to be considered a punishment for deviance or failure. Normalising distress and counselling attendance – as a consequence of adversity, challenges and external events – appeared to assist, rather than notions of illness, deviancy or inability to manage whilst others appear to either succeed or fail.

In Reed’s (2014) similar, small-scale study interviewing young, USA male counselling attendees from a variety of backgrounds, her participants also found an acute awareness of pressures to conform to gender roles. In the present research, James was particularly sensitive to the risk of his activities being labelled as masculine, and participants generally

spoke of self and others as *adults* more commonly than *men* or *women*. Reed's and my participants could locate stoicism and emotional control in others, particularly "traditional" fathers, and sought to differentiate themselves. Amongst Reed's participants, "emotional reserve was sometimes seen as a hindrance to interpersonal satisfaction" (p. 432). This was also seen in the present research whereby participants emphasised the need to emotionally express themselves and share their concerns with others, as bolstered through their counselling. Yet simultaneously, in considering other narrative content or subtleties within narratives, my participants remained as if positioning a triumph over emotionality, which could link to medicalised notions of treatment and cure as well as the compartmentalising and personal distancing from issues.

Privacy amongst friends and families was also apparent in both participant groups, and a sense of *weakness* in counselling engagement. One of Reed's participant wanted a male counsellor as they feared opening up "too quickly" (p. 434) to a female, whilst others felt they could be more open with a female. This has been pertinent to this thesis which has provided detail on the theme of emotional control as perceived in self and others, a projection of vulnerability and a "need" to emotionally unload in early sessions. Whilst Reed (2014) suggested her participants wanted to be able to relate to their counsellors, I am suspicious of this idea due to emerging categories relating to notions of negotiating professional authority and objectifying counsellors' subjectivity – framed here as attacks on the process whereby recognition of the others' subjectivity is defensively undermined. This said, participants frequently used the terms "we" and "us" to refer to other men and recruit my agreement, which could invite a recruitment of mutual understanding not necessarily requiring self-disclosure.

4.3 Implications for practice and future research

4.3.1 Promoting counselling services and encouraging men's attendance

Participants indicated a prior “intimidating”, mystical and emasculating “couch” imagery of counselling, largely positioning media as responsible. Literature also identifies pre-existing images of being in counselling as significant in influencing decisions to attend (Demyan & Anderson, 2012; Hammer & Vogel, 2013). Further research is needed to explore what specific statements and mottos would appeal when defences of masculinity prevent access and engagement in counselling. As described, James mockingly impersonated (unspecified) others falsely remarking: ““oh we don’t judge””. More broadly, it is challenging to consider how this concern can be managed prior to counselling, or how men’s fear of losing interpersonal (Proctor, 2008) or emotional control (Addis & Mahalik, 2003; Nicholls, 2014) can be accommodated, whilst the limited trust it represents may interact with the very distress for which help is sought and warranted. As Sean suggests on visiting the doctor to: “get me in the door”, aversiveness could be challenged in such a way that addresses the threatening nature of emotional support, such as normalising anticipatory anxieties as well as actual attendance. As this thesis indicates, more accurate graphical representations of counselling may help soften the intimidation around the imagined healer-vulnerable dyad, which may be particularly aversive to those who may not recognise their vulnerable emotional selves, nor have much evidence of a benevolence to help or authority.

James remarks he had an intention to occasionally see a “life coach” following counselling. In surveys, Vogel and Heath (2016) found that life coaching or career counselling received less stigma amongst men and may appear more acceptable. Whilst such forms of help may appear different, they still maintain a notion of expertise and being done-to, whereby autonomy, control and defences remained threatened. Furthermore, as Hammer and Vogel (2013) point out, thinking about seeking help has limited relevance to then doing so. Amongst participants, deciding to attend could be prompted by others’ permission,

encouragement or justification to support others' own needs, as also seen in literature (Bottorff et al., 2014; Hoy, 2012; Liddon et al., 2017). The provider identity highlighted is also relevant to other studies whereby some men's distress is formulated to arise from difficulties in maintaining a provider role (e.g., Valkonen & Hänninen, 2013). Whilst this thesis has discussed how vulnerability can be projected, the ability to care for others is featured in literature as a factor in wellbeing (Benjamin, 2004; Lemma, 2016) and several participants suggested counselling enabled a reality-testing of the nature, views and helpfulness of others. As such, promoting services could involve an appeal to a provider identity such as emphasising that counselling can assist with care for self and others. This is different to suggesting a potential return of a masculine ideal (e.g., Englar-Carlson & Kiselica, 2013).

Narratives of desperation and bravery also appeared to facilitate participants' counselling attendance. The category of counselling encouraging subsequent help-seeking supports quantitative research showing that gender differences in psychological help-seeking are mitigated when prior help is adjusted for (Demyan & Anderson, 2012; Nam et al., 2010), whilst adding that counselling can facilitate a more generalised openness to help. As Luke suggested, should individuals "bottle" emotions over time, such a cumulative effect may make it increasingly "dangerous" to speak openly. Hence, targeting individuals early and making attendance less "intimidating" is warranted. Several participants emphasised the importance of normalising their feelings as well as the confidentiality of counselling. Neil was reassured that his counsellor had seen "hundreds, thousands of people cry", presumably including men. A loss of emotional control in sessions, which Neil positions as known "deep down" to be "needed", was somewhat softened with several participants anticipating counselling as an intellectual exercise. Sean's metaphor of being in control – opening a "bottle of fizzy drink" at his own pace may be useful in promoting the idea of client

autonomy, and counsellors as not necessarily “trying to tease things out” or “pull stuff” against one’s will. The importance of this occurring as counselling relationships develop could be implied, but any implications that counsellors automatically know better than their clients should be challenged.

Versions of hegemonic masculinity being challenged in society as well as a general normalisation of distress and help-seeking may represent driving factors behind more men engaging in counselling (e.g., BACP, 2014). As Matthew expresses, there are “several” ways men can be construed, in part self-directed through one’s commitment to being “forced to be in contact with what is being avoided”. Andrew uses similar language of “facing” issues in counselling. Notions of challenging stereotyped images of counselling, personal bravery, gaining counsellors’ support, looking after oneself and others, and taking back some control appeared in various wordings from all participants to describe counselling. Such phrases appear ambiguous enough to appeal to masculine identities, whilst acknowledging the personal challenges involved and not downplaying the client’s role and autonomy.

4.3.2 Relevance of theoretical approach and modality

A medicalised narrative facilitated several participants to discuss their wellbeing with families or justify and access counselling. However, this thesis also found that such discourses of disorder and standardised treatment could be conflated with personal deviance or aversiveness to becoming “*that guy*”, or, “one of those people, who is depressed”. Whilst there was variation, there were indications that forms of CBT have different impacts within the complexities of masculinity, distress and help-seeking. Future research could further consider specific therapeutic modalities. Some suggest CBT entails a focus, practicality and a perception of less emphasis on feeling which can appeal to some men (e.g., Pederson & Vogel, 2007). However, Kierski and Blazina (2009) caution how an overly “mechanical

approach” (p. 168) risks avoiding the work involved in managing suffering, essential for therapeutic work as this thesis supports.

Specifically, James, Neil and Sean particularly emphasised a *strength* returning, and a *bravery* of directly tackling issues practically and methodically. It is apparent that their CBT suited their personalities and goals for counselling, whereas Paul, Luke, Matthew and Leonardo predominately emphasise their counselling as helping their understanding of themselves and openness to others. Andrew suggested he had sought practical CBT techniques and guidance, but in interview did not mention receiving specific advice and otherwise described how self-acceptance, emotional expression and the processing of his experiences was most helpful. Sean’s narratives suggest some initial disappointment with the lack of actual “magic” experienced. Describing a prior backlog of unprocessed, uncommunicated difficulties, he mentioned being told some sessions into his initial short-term CBT: “‘look, you’re basically coming in each week with a new problem’” and was transferred to longer-term work. He later remarks that in making more effort to socialise, some of his defence mechanisms pertinent to masculinity “increased” following CBT, such as “perfectionism”, or: “just sort of act a bit arrogantly, I’d try and throw some humour into it, . . . so I wouldn’t necessarily have to prove myself”. Sean distinguishes later “counselling” as “more in relation a lot with my ex, rather than mental illness”, an opportunity to:

Talk about some things through, . . . reflect on things, rather than having an objective to sort of reach at the end. . . . Helped me a bit with the hero complex, helped me understand there was a need, a fear of failure and having to sort of constantly be at my best.

Likewise, for James, his “trust issues” were pertinent to his CBT but not reported to have been discussed in sessions, either generally or in terms of the therapeutic relationship. In

Neil's CBT-oriented therapy following his bereavement, the chance to express "pent-up" emotion and "understanding how I felt" was considered most helpful. Depending on goals, an emphasis on symptomatic or cognitive processes may be important. But as discussed and as related to medicalised discourses, a notion of triumph, mastery or control over emotions could also be suggested, arguably in line with an idealisation pertinent to masculinity (e.g., Garde, 2003). Hence, it is argued that therapeutic approaches emphasising interpersonal and relational processes are more likely to address defensive factors driving masculine performances and behaviours, alongside their greater emphasis on characterological shifts (Lemma, 2016). However, unrealistic expectations of oneself or beliefs around the superiority of others have potential to be challenged in CBT (e.g., Bem, 1981). Accordingly, CBT may appeal through countering anticipation anxieties, but for some men much of the therapeutic action may also lie in interpersonal factors which should be foregrounded in interventions.

4.3.3 Adjusting work or services

The Male Psychology Network (e.g., n.d.) suggests a need for *male friendly* services. This thesis indicates a need to distinguish between the encouragement of more men to attend counselling (e.g., addressing the anticipated power differentials), from how to avoid colluding with masculinity within counselling sessions. Whilst a respectful understanding should always prevail, this thesis affirms that a rigid, restrictive endorsement and display of masculinity norms may be conceptualised as part of the issues brought to counselling. As shown, relationship issues, isolation, restricted emotionality and interpersonal trust are all themes which can be addressed in counselling.

At the start of interview, Sean attended to the pictured football fan (Picture 2), impressively identifying the team's kit and joking of his own team. I then asked if he has "been to games", responding to a tentative start of us working out how each other responds.

Arguably, this is different to an avoidance and more relevant to considering the pace which may be required, particularly when working with anxious clients where discussing emotive personal histories may be quite novel and anxiety provoking, with more supportive interventions warranted (e.g., Lemma, 2016). However, the thesis supports Mahalik, Talmadge, Locke, and Scott's (2005) notion that it is worth discussing clients' adherence to masculinity norms in the contexts of how they interact with distress. Whilst doing so too directly within the interviews could risk defensiveness or concerns about being objectified, gender maintained a background, subtle presence as one of many influences. A balance between understanding and openness around any topic is necessary: although theory or a-priori knowledge should be used tentatively in practice (Casement, 2006; Lemma, 2016), the use of gender theories in formulations which sought to understand participants' difficulties was meaningful, and often in support of empathy. More explicit, unhelpful biases were particularly indicated by Paul's counsellor's and my own possible assumptions around his experiences of physical abuse (sub-category 'b5. iii'). Although many factors were at play, the concepts around masculinity remained useful, whilst other frames are potentially available which cross the personal and social differently when theorising the complexities of identity.

Kierski and Blazina (2009) and Strokoff et al. (2016) suggest a risk of counsellors becoming frustrated at some male clients' defensiveness, which may be represented by subtle attacks on the process as indicated in this thesis. Leonardo explicitly spoke of frustration at his counsellor being "stubborn" in insisting techniques (e.g., "mindfulness") continue; Andrew suggested his frustration and that of his counsellor's when citing her subjectivity "as a woman" regarding his disclosures of pornography use. Whilst I experienced some frustration at becoming the "brick wall" such as through intellectualised responses which appeared distancing, putting this into context and considering what may be being defended

was helpful, as well as acknowledging my input such as poorly phrased questions and responses, or how my own similar defences were inevitably communicated on some level (e.g., Maroda, 2010). This said, counselling can provide a space where defences such as intellectualising can be tentatively explored and challenged. Several participants also indicated a need to emotionally unload in early counselling sessions with minimal interruptions – only counsellors’ presence was needed rather than more active responses. This merges with literature recommending counsellors accommodate for some male clients’ own pace for emotionality to be brought (Shepard & Rabinowitz, 2013) and be wary of introducing novel techniques too quickly, yet suggests that an emotional outpouring may need to occur.

4.3.4 Gender matching of counsellors

As described, previous research findings are mixed regarding preferences and outcomes in matching client and counsellor gender (Cooper, 2008). When asked, Neil tentatively hypothesised that with a male counsellor, “there could have been some better understanding of what it is for a father-son relationship?”; Sean remarked that his female counsellors were more “receptive to my emotional . . . dilemmas, maybe”, than his male practitioner; and Leonardo, endorsing a “Jungian” perspective: “I think when working with a woman, you’re allowed to explore the feminine side better”, whilst a “game of trying to be strong” is generally inevitable between men. Further research could relate gender preferences, therapy goals and outcomes to clients’ and counsellors’ relationship to masculinity and femininity, or how matching interacts with empathy, competition and conflicts. For myself as interviewer, there was a balance to be maintained between understanding, empathy and collusion. Perhaps a female would have been less likely to become involved in unhelpful collusions, yet as Neil suggested, some default understanding and empathy may be more applicable to another male. However, this is not to say that female counsellors cannot

understand a masculine socialisation process in context, without objectifying it.

4.3.5 “Men tend to be a lot more closed off, don't they?": challenging the validity of maxims

Some participants distinguished logic and “authority” as masculine, and emotionality as feminine. Andrew remarked that men “get on with it”. Yet such positioning of men as stoic, independent and able to be unaffected by emotion risks further identification (Fine 2010; Vogel & Heath, 2016), or an avoidance of being “*that guy*” who transgresses rules. Media may also suggest that men tend to be stoic and should not feel shame (e.g., Jessel, 2015) yet simultaneously positions that this is what men do. Counselling psychology, with its emphasis on relationships, commitment to social justice and situating lived lives in contexts is well located to challenge such ubiquitous maxims and interrogate how gender is reinforced more broadly.

4.4 Conclusion

4.4.1 Use of hindsight

Given participants being interviewed after counselling, hindsight was used. Within interviews and subsequent analyses, it could be challenging to identify which themes were most relevant or developed through counselling and which were more facilitated through other life experiences. However, there may be an inseparability whereby counselling can both enable outside learning and affirm it. Ideally, a longitudinal approach interviewing individuals before, during and after counselling could have assisted.

4.4.2 Use of the double-interview method

Using Hollway and Jefferson's (2013) double-interview method, familiarity and rapport was built, lowering our anxiety and enabling greater depth. Tentative formulations and clarifications could be brought back to participants, facilitating further understanding and adjustments, or wordings agreed which better captured ideas otherwise not considered within the pace of our first interaction. It enabled a thoroughness and a chance to reflect on

being in interview. Interview transcripts could be seen and discussed, prompting further insights and facilitating another layer of consent. The continuity and open interview style began to partially resemble a counselling assessment, hence it became possible to compare what occurred in interviews with what participants described of their counselling. As such, engaging with transcripts and the use of the double-interview with limited structure can associate well with clinical practice, and may be particularly suitable as a research tool for practitioners.

4.4.3 Participant homogeneity in further research

Young men were identified as this represents conceptions of key periods of identity development and differentiation (Geldard & Geldard, 2010; Isacco, 2015). Yet as discussed, whilst there may have been some advantages to a homogeneity of demographic variables amongst participants, this was to the exclusion of other identities, such as ethnicities where different barriers may often be faced in accessing and engaging with professional support (Memon et al., 2016; Nkansa-Dwamena, 2017).

As Owen et al. (2010) indicate, men strongly endorsing masculine norms may particularly struggle to engage in and build an effective therapeutic relationship. Future research could consider groups of men who have not accessed counselling and may demonstrate other versions of masculinity. One difficulty is that some men may avoid volunteering for research for the same reasons they are absent from therapy services (Evans, 2010).

Future research may also involve older groups, or men with other similarities of intersecting identities. Participants engaged in a range of theoretical approaches with different counsellors, and more homogeneity may have assisted to aid comparisons. Furthermore, participants varied in their reasons for attending counselling, their relationships to themselves and their histories. For some, the importance of their counselling experience remains ongoing, and a sense of the emotive nature of events and topics could occasionally

be felt as a sense of (our) cautiousness. Though warranted, attempting homogeneity of the type of counselling or reasons for attendance may be challenging given the unique nature of clients, counsellors and counselling.

4.4.4 Summary

Gender is a complex, contentious and dynamic topic with relevance to intrapsychic, interpersonal, wider social and political factors, all interlinked (Evans, 2010; Hollway & Jefferson, 2013). This thesis has utilised concepts from these factors when considering masculinity in its development, expression and interaction with counselling.

The psychosocial approach is relevant to attempts to integrate psychology practice (e.g., Johnstone & Boyle, 2018). This thesis focussed on the reasons why psychological help-seeking may be delayed or potentially avoided in some young men, as well as some of the difficulties experienced in engaging in counselling and how counsellors may respond. The therapeutic modality became foregrounded – approaches emphasising interpersonal factors appeared to work more specifically with personal development within masculine identities, yet it is perhaps these therapies which hold the most anticipatory anxiety for the young men attending. The thesis has also positioned my own role and subjectivity, and by implication that of counsellors, as influencing findings and what versions of masculinity become brought to interactions and accompanying mutual, personal identifications.

Broadly, participants' masculine identities and expression was both worked alongside and challenged in counselling. Gendered self-expression was connected to wider experiences of development such as becoming more open to others and accepting of one's own limitations. In this regard, counselling was ideally suited to address aspects of masculinity considered restrictive or unhelpful, permitting a more authentic expression of self which felt acceptable. It was this expression, self-awareness and acceptance which came across in interviews. Further research could involve other participant groups, specific modalities of counselling

or explore how counselling interacts with other gender expressions.

Encouraging more men into counselling is warranted, as counselling can be a site for forms of interpersonal learning and emotional expression which may otherwise be restricted or shown in unhealthy, risky or self-destructive forms. Notions of choice, autonomy and ability to look after self and others may be useful to promote, as well as addressing any anticipated or actual power differentials between counsellors and clients.

5. Appendices

5.1 Appendix A: Poster for participant recruitment



University of
Roehampton
London



Are you a man aged 18-35?

Have you had 12 or more sessions of counselling, finishing over 6 months ago?




Would you like to share your experiences and reflect on your time in counselling?

What does it mean to be a man?

Why do fewer men come to counselling?

Contribute to research and help to influence the counselling field



You may have had many messages about being a man and I'd really like to hear from you.

I am looking to interview men who:

- Are aged 18-35 and attended 12 or more sessions of counselling (about 3 months if weekly), finishing over 6 months ago and the last session occurring within the last 5 years.
- Attended any type of counselling/psychotherapy (1:1 or group, with 1 or many counsellors).
- Are not currently under the care of professional mental health services.

We would have **two audio taped** interviews, both lasting around 1 hour, about 2 weeks apart, at a convenient time and location local to you. I'd ask some questions, you'll look at some basic photos (like the ones here) and you can talk about the topic. Your interviews will be treated in confidence, and your name or other identifying information will not be used in the study write-up. If you choose to participate you can withdraw anytime without consequences and without having to give a reason, although some of your anonymised typed interview may be already used. Your counsellor will not be informed.

Please do get in touch if you are interested.

Thank you for reading this

Tom Richard
Counselling Psychologist in training
University of Roehampton



E-mail: *****@*****
Call/text: 07*****



Men in Counselling *****@***** 07*****	Men in Counselling *****@***** 07*****	Men in Counselling *****@***** 07*****	Men in Counselling *****@***** 07*****	Men in Counselling *****@***** 07*****
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5.2 Appendix B: Letter for participant recruitment



Are you a man aged 18-35?
Have you had 12 or more sessions of counselling?
Would you like to share your experiences?



Hello,

I am doing some research into men's experiences of being a man and coming to counselling, and [counselling organisation name] has kindly offered to send this letter to a random sample of people who might be able to take part. Please note you are under no obligation to take part, or reply to this letter, but if you are interested, please have a read and get back to me directly by e-mail or phone. If you have no interest, please ignore this letter, but thank you for reading.

I am looking to interview around 8 men (one-to-one) in total, aged 18-35 (inclusive) about their experiences of counselling, and what being a man means to them and how this might have changed (if at all). To participate, you need to have previously attended 12 or more counselling sessions - about 3 months total if weekly, 1:1 or group, with 1 or more counsellors - but the last session within the last 3 years, but over 6 months ago, and not be currently under the care of mental health services. Please accept my apologies and ignore this letter if this means you may not be able to participate.

You may have had many messages about what being a man is and I'd really like to hear from you.

We would have **two tape-recorded** interviews, lasting around an hour each. in a convenient location and spaced about 2 weeks apart, where I'd ask some questions, you'll look at some basic photos (like the one above) and you can talk about the topic. I will e-mail you transcripts of the interviews afterwards. Your interview and recording will be treated with confidence, and your name or other identifying information will not be used in the study write-up.

Your previous counsellor will not be informed and any past or future counselling would not be affected. If you choose to participate you can withdraw at anytime without consequences or having to give a reason, although some of your anonymous typed interview may already be used. If you are interested in participating, please contact me directly (rather than contacting [organisation name]):

By e-mail at: ***@*****; or call/text: 07*******

Although there are no rewards for participation, you may find it interesting to reflect on yourself and your time in counselling.

Thank you for reading this

Tom Bichard

Counselling Psychologist in training, University of Roehampton

5.3 Appendix C: Consent form



PARTICIPANT CONSENT FORM

Please read carefully

Your identification number:

Title of Research Project: Being male and doing counselling

Description of research project, and what participation involves:

This research aims to look at your experiences of being a man, and attending counselling – what it was like, what changes happened and what being a man means to you, and why you may feel this way given your past experiences. I aim to interview eight participants.

This will be the first of two interviews. Both will be around an hour long and take place at a convenient location. Both interviews will be tape-recorded, then typed up and used to compare with other interviews. Anonymised quotes, short extracts and descriptions from your interview may appear in the write up of the study, unless you decide to withdraw beforehand. Your audio recordings, first name, age, e-mail address and/or telephone number will be kept secure and held for 10 years. A typed copy of your interviews, with personal or identifying information removed (e.g., names, places) may be kept indefinitely, with parts used for future research, presentations and publications.

This research is part of a Counselling Psychology doctoral dissertation. If you have any questions please do not hesitate to ask.

Only the researcher (interviewing you) and the supervisory team (two Counselling Psychologists) will be able to see your transcript, which will be made anonymous (e.g., places and people's names will be removed). What you say will be treated confidentially, but if there are concerns about serious harm to yourself or others, this may need to be passed on to someone else.

Researcher Contact Details:

Name: Tom Bichard

Department: Psychology

University Address: Department of Psychology, Whitelands Campus, University of Roehampton, Holybourne Avenue, Roehampton

Postcode: SW15 4JD

E-mail: ****@*****

Telephone: 07*****

Consent Statement:

I have read and understood this consent form, and asked any questions I have and agree to take part in this research. I am aware that I am free to withdraw at any point without giving a reason, although if I do so, I understand that my data might still be used in a collated form if already used in data comparisons. I understand the interviews will be audio recorded. I understand that the information I provide will be treated in confidence by the researcher and their supervisory team and that my identity will be protected in the publication of any findings, and that data will be collected and processed in accordance with the Data Protection Act (1998) and with the University of Roehampton's Data Protection Policy. I understand that there may be some instances in which the researcher may be required to break confidentiality, such as if there are concerns about serious harm to myself or others.

Name:

Signature:

Date:

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the researcher (or the Director of Studies.) However, if you would like to contact an independent party please contact the Head of Department. You can use your identification number on the first page to contact the Director of Studies and/or the Head of Department anonymously if you wish.

Director of Studies Contact Details:

Name: Dr Rosemary Rizq
University Address: Department of Psychology, Whitelands Campus, University of Roehampton, Holybourne Avenue, Roehampton, SW15 4JD
E-mail: *****@*****
Telephone: 02*****

Head of Department Contact Details:

Name: Dr Diane Bray
University Address: Department of Psychology, Whitelands Campus, University of Roehampton, Holybourne Avenue, Roehampton, SW15 4JD
E-mail: *****@*****
Telephone: 02*****

5.4 Appendix D: Debriefing form for first interview



PARTICIPANT DEBRIEF FORM (Interview 1)

Title of Research Project: Being male and doing counselling

Your ID number:

Thank you for your participation in the first interview.

The second interview will be of a similar format, but we will not use the pictures unless you request to. I may ask a bit more about your background, past experiences and time in counselling to help us to understand a bit more about you. We can arrange the date, time and location of this now, or you may withdraw at any point including now. Just to remind you, participation is voluntary, and you can withdraw at any time without consequence and without needing to give a reason. Please note that some of our typed interview may be already be used after comparing to other interviews.

The information you have provided will be treated in confidence by the investigator and your identity will be protected in the publication of any findings, and that data will be collected and processed in accordance with the Data Protection Act (1998) and with the University of Roehampton's Data Protection Policy.

Please note: if you have a concern about any aspect of your participation, wish to withdraw any of your data at this stage or any other queries please raise this with the researcher (or the Director of Studies.) However, if you would like to contact an independent party please contact the Head of Department. You can use your identification number on the first page to contact the Director of Studies and/or the Head of Department anonymously if you wish.

Director of Studies Contact Details:

Name: Dr Rosemary Rizq

University Address: Department of Psychology,
Whitelands Campus, University of Roehampton,
Holybourne Avenue, Roehampton, SW15 4JD

E-mail: ****@*****

Telephone: 02*****

Head of Department Contact Details:

Name: Dr Diane Bray

University Address: Department of Psychology,
Whitelands Campus, University of Roehampton,
Holybourne Avenue, Roehampton, SW15 4JD

E-mail: *****@*****

Telephone: 02*****

If you experience any distress as a result of these interviews, or for any other reason, you may find the following organisations helpful:

CALM

Website: thecalmzone.net

Telephone: 0800 585858 (Mon-Sun 5pm-midnight)

The Samaritans

Website: samaritans.org

Telephone: 116 123 (24 hour, 7 days a week)

E-mail: jo@samaritans.org

If you feel counselling would be helpful again, I would encourage you to contact your GP (including regarding counselling on the NHS), or the organisation/counsellor you previously attended. The following contacts may also be used to find a private counsellor or a counselling organisation locally:

Mind

Website: mind.org.uk

E-mail: info@mind.org.uk

Telephone: 0300 123 3393 (Mon-Fri 9am-6pm)

Cruse Bereavement Care

Website: cruse.org.uk

Telephone: 0844 477 9400

E-mail: helpline@cruse.org.uk

BACP

Website: bacp.org.uk

Telephone: 01455 883300 (Mon-Fri 8.45am-5pm)

E-mail: bacp@bacp.org.uk

Counselling Directory

Website: counselling-directory.org.uk

Thanks again for your participation.

Tom Bichard

Address: Department of Psychology, Whitelands Campus,
University of Roehampton, Holybourne Avenue,
Roehampton, SW15 4JD

Telephone: 07*****

E-mail: *****@*****

5.5 Appendix E: Debriefing form for second interview



PARTICIPANT DEBRIEF FORM (Interview 2)

Title of Research Project: Being male and doing counselling

Your ID number:

Thank you for your participation in both interviews.

Just to remind you, participation is voluntary, and you can withdraw at anytime without consequence and without needing to give a reason. Please note that some of our typed interview may be already be used after comparing to other interviews.

The information you have provided will be treated in confidence by the investigator and your identity will be protected in the publication of any findings, and that data will be collected and processed in accordance with the Data Protection Act (1998) and with the University of Roehampton's Data Protection Policy.

Please note: if you have a concern about any aspect of your participation, wish to withdraw any of your data at this stage or any other queries please raise this with the researcher (or the Director of Studies.) However, if you would like to contact an independent party please contact the Head of Department. You can use your identification number on the first page to contact the Director of Studies and/or the Head of Department anonymously if you wish.

Director of Studies Contact Details:

Name: Dr Rosemary Rizq

University Address: Department of Psychology,
Whitelands Campus, University of Roehampton,
Holybourne Avenue, Roehampton, SW15 4JD

E-mail: ****@*****

Telephone: 02*****

Head of Department Contact Details:

Name: Dr Diane Bray

University Address: Department of Psychology,
Whitelands Campus, University of Roehampton,
Holybourne Avenue, Roehampton, SW15 4JD

E-mail: *****@*****

Telephone: 02*****

If you experience any distress as a result of these interviews, or for any other reason, you may find the following organisations helpful:

CALM

Website: thecalmzone.net

Telephone: 0800 585858 (Mon-Sun 5pm-midnight)

The Samaritans

Website: samaritans.org

Telephone: 116 123 (Mon-Sun, 24 hour)

E-mail: jo@samaritans.org

If you feel counselling would be helpful again, I would encourage you to contact your GP (including regarding counselling on the NHS), or the organisation/counsellor you previously attended. The following contacts may be used to find a private counsellor or a counselling organisation locally:

Mind

Website: mind.org.uk

E-mail: info@mind.org.uk

Telephone: 0300 123 3393 (Mon-Fri 9am-6pm)

Cruse Bereavement Care

Website: cruse.org.uk

Telephone: 0844 477 9400

E-mail: helpline@cruse.org.uk

BACP

Website: bacp.org.uk

Telephone: 01455 883300 (Mon-Fri 8.45am-5pm)

E-mail: bacp@bacp.org.uk

Counselling Directory

Website: counselling-directory.org.uk

Thanks again for your participation.

Tom Bichard

Address: Department of Psychology, Whitelands Campus,
University of Roehampton, Holybourne Avenue,
Roehampton, SW15 4JD

Telephone: 07*****

E-mail: *****@*****

5.6 Appendix F: Ethics approval

The research for this project was submitted for ethics consideration under the reference PSYC 16/ 232 in the Department of Psychology and was approved under the procedures of the University of Roehampton's Ethics Committee on 29.09.16.

5.7 Appendix G: Written representation of participants' speech

- Interview extracts and quotations are used throughout, with the narrator's name written in parenthesis if otherwise unclear.
- Representations of speech, including pauses, discontinuity and hesitations generally follow the style recommended by Hollway and Jefferson (2013) and Wengraf (2004).
- Three spaced ellipsis points indicate a small amount of speech has been omitted, with four points to indicate speech from later narratives. Two successive full stops within quotes suggest a pause in the flow of speech. Quotations within narratives, such as when participants quoted family members, are written in single quotation marks.
- To remain as close as possible to participants' narratives, standalone word choices are also highlighted as quotations. Some word choices may be mirroring or affirming words the interviewer used within questions or utterances, as will be indicated.
- To aid reading, third person pronouns may be used around participant quotations where applicable, e.g., *he* "*felt*" as opposed to "*I felt*". Short laughter, usually at the end of utterances, is indicated by "heh".

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